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The purpose of this study was to explore and describe preschool teachers' perceptions of needs and supports in order to make inclusion successful in a rural county's for-profit child care centers. Two specific research areas were addressed. First, an exploration and description of lead teachers' perceptions about their preparation to work with children with disabilities in their classroom; second, an examination of the types of support teachers perceive as important in order to make inclusion successful in their classroom.

Using case study design, five lead preschool teachers from different child care centers (five cases) participated in the study along with child care directors of each center. Through teacher and director interviews and teacher observation, insight was gained into the needs and supports teachers have in order to provide quality care for children with disabilities in their classrooms.

SUCCESSFUL INCLUSION: TEACHER NEEDS AND SUPPORTS

by

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This dissertation is dedicated in loving memory of my mother Lucille McCurry.

APPROVAL PAGE

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CHAPTER I

INTRODUCTION

Overview and Rationale

This research study begins the process of examining lead preschool teachers' perceptions of needs and supports in order to provide quality inclusion for children with disabilities in their classrooms. The teachers are located in a rural county's for-profit child care centers. Studies of inclusion often take place in model and non-profit settings even though the majority of child care is provided by private homes and child care centers paid for by parents (Douville-Watson, Watson, & Wilson, 2003). Because ecological research models view children in all areas of their environment (Bronfenbrenner, 1979), the majority of children attend for-profit care (Douville-Watson et al., 2003), and half the licensed child care centers in North Carolina are in rural counties (Lyons & Russell, 2002), more research needs to focus on these settings.

Rationale for the Study

Research has shown that successful inclusive child care requires that teachers have administrator support and resources to accommodate a child's individual needs (Dinnebeil, McInerney, & Fox, 1998; Lieber et al., 2000; NICHD, 2000; Ridley, McWilliam, & Oates, 2000). Current research indicates that technical assistance is also needed to help teachers succeed in providing quality inclusion (Allen & Schwartz, 2001; Bruder & Fink, 2004). Quality inclusion is highly related to teacher preparation and

education, specific training regarding the child with disabilities, director support, teacher's positive attitudes towards inclusion, and resources to accommodate child need (Lieber et al., 2000; Ridley et al., 2000; Vandell & Wolfe, 2000). Low ratios, quality materials, and adequate space are also needed for quality care (Dinnebeil et al., 1998; Lieber et al., 2000; NICHD, 2000).

For-profit settings have been found to be of lower quality (Helburn & Howes, 1996; NICHD, 2005). In addition, caregivers in rural child care have been found to have less formal education than caregivers in urban settings. Rural areas often have fewer resources to assist in facilitating successful inclusion and this affects quality of care (Herzog, 1996; Lyons & Russell, 2002). The focus of this study is not to compare rural and urban care but to examine child care centers in a rural county to get an idea of what teachers need in order to make inclusion successful.

Due to the lack of information regarding inclusion in rural, for-profit child care and the lack of knowledge regarding the supports needed for successful inclusion in these centers, additional research is necessary. For this reason, the following study will examine the technical assistance and support needs of preschool teachers in a rural county's licensed, for-profit, inclusive, child care settings.

The specific research areas to be addressed are:

1. To explore and describe lead teachers' perceptions about their preparation to work with children with disabilities in their classrooms.
2. To examine the types of support child care teachers perceive as important in order to make inclusion successful in their classrooms.

A case study design will be employed for this study in order to first, explore teachers' perceptions of their own preparation to work with children with disabilities such as education, training, and resources available, and second, the support they receive from parents, child care directors, and the therapists serving children in their care in order to make inclusion successful. Methods used to examine these research areas will be teacher interviews and observations. Additional sources of information will consist of follow-up interviews after each observation and directors interviews. A second reader will be used to conduct a separate analysis of data and theme development from the data sources.

Theoretical Framework

The framework used for this research study is the Bio-Ecological systems theory. This theory views the individual as developing within a complex system of relationships that are affected by all areas of their environment (Bronfenbrenner, 1979, Bronfenbrenner & Morris, 1998). Bronfenbrenner believed people needed to be studied in their immediate environment or microsystem which includes their relationship to home, school, neighborhood, peer groups. The mesosystem includes the interactions and relationships between home, school, neighborhood, church and peer groups. The exosystem includes local government, the workplace, mass media and local industry. Beyond this system is the macrosystem which includes the dominant beliefs of our culture (Charlesworth, 2004). The chronosystem encompasses the dimensions of time as it relates to a person's environment, the socio-historical context in which a person is living. This context can impact behavior and development. (Bronfenbrenner & Morris, 1998; Paquette & Ryan, n. d.).

Another concept important to the bio-ecological model of human development is the process-person-context-time framework. In order to develop, people require active participation in progressively more complex, reciprocal interactions with their environment. This interaction must occur on a regular basis over time. These interactions, referred to as proximal processes, are the primary engines of development (Bronfenbrenner & Morris, 1998; Bronfenbrenner, 1999).

Using this conceptual framework we can examine the processes that affect preschool inclusion. For this study the teacher is seen as the unit of analysis. In the microsystem, inclusion is the active participation of children with and without disabilities in the same classroom and the challenges the teacher encounters in meeting child need. In the surrounding mesosystem, services are provided that support goals established for children with disabilities by parents and a team of professionals. The surrounding exosystem includes services provided through collaboration of teachers, therapists, and parents. Public law supports inclusion. In the macrosystem, our culture values education and supports school success for all children (Odom et al., 1996). The chronosystem represents the time in which we are living when single women have children and need child care while they work. Furthermore, in rural areas, there is no public transportation to help parents get their children to quality care facilities (Lyons & Russell, 2002). The bio-ecological system breaks down when parents, teachers, and therapists are not collaborating; local industry is not stable; or when our culture does not see child care teachers as professionals or state law does not require higher education for child care teachers.

Environments need to be consistent not only in the classroom but in the community. Quality and accessibility of child care are even more of a challenge in rural areas. North Carolina's rural populations have higher proportions of poverty and working poor (Herzog, 1996). Rural communities have fewer regulated child care slots and fewer trained professionals to work with children. Parents have long commutes and economies make it more difficult for centers to be profitable. Unfortunately, lower incomes of rural workers lower the demand for quality care (Lyons & Russell, 2002; Rural Policy Research Institute, 1999). All of these factors greatly affect the implementation and success of inclusion.

In the five cases studied, one level of the bio-ecological theory is greatly affected. In the mesosystem, services are provided that support goals established for children by parents and a team of professionals. The teacher and the therapists are each working to meet child need, yet their mesosystems parallel. This is demonstrated by the lack of collaboration between teachers, therapists, and parents. The lack of sharing IEP goals affects bidirectional relationships and proximal processes between parent and teacher, and ultimately the ability for the teacher to meet a child's needs. Results of this study indicate that the stakeholders in these five cases are not sharing information or working together; therefore, this lack of collaboration is seen as a focal proximal process in this study.

To summarize, the purpose of the study is to explore and describe a rural county's preschool lead teachers' perceptions in for-profit child care about their preparation to work with children with disabilities in their classrooms, and to examine the types of

support these same teachers perceive as important in order to make inclusion successful.

The goal is to examine the ways people manage and understand their work (Merriam, 1998) and to investigate a phenomenon in a real-life context (Yin, 1994). The descriptions will provide some insight into these teachers' needs and supports in providing quality inclusion for children with disabilities in their care.

In order to provide a contextual background for this study, literature reviewed includes several topics important for understanding inclusive child care. The discussion will focus on historical perspectives that changed federal legislation since the 1960s, definitions of inclusion, benefits and challenges of inclusion, indicators of quality childcare, and the training and support teachers need to provide quality inclusion.

CHAPTER II

REVIEW OF LITERATURE

In recent years there has been an increase in the number of preschool children with disabilities being served in North Carolina. According to the 2004 North Carolina Early Intervention Services Report, 11,022 preschool children were being served by early intervention in 2001 and by 2002, the number had risen to 13, 717. The Americans with Disability Act (ADA) states that private entities such as nurseries and child care centers are considered public accommodations and children should be served in the least restrictive environment (Wolery & Odom, 2005). The early intervention system reports that in the 2002-2003 school year, 85% of child care programs included children that received special education and related services, which is an increase from 78% in 2001-2002.

The Individuals with Disabilities Act (IDEA) requires that to the maximum extent possible, children with disabilities are educated with children who are not disabled (Wright, 2004). Federal legislation as early as 1975 (PL 94-142) required children with disabilities be served in classrooms with typically developing children. The American Disabilities Act, PL 101-336, passed in 1990, entitles children with disabilities be served in child care settings. It is clear that children with disabilities are attending and being served in child care settings throughout North Carolina, it is unclear whether child care teachers are prepared and supported in making inclusion successful.

Full inclusion is the belief that all children be educated in regular classrooms for the full day participating in all aspects of the program (Hallahan & Kauffman, 1994). Inclusion is accepting all children and families and creating a community that supports learning (Allen & Cowdery, 2005). When children with disabilities attend quality inclusive child care they gain in social, language, and cognitive abilities by interacting with typically developing peers. Children without disabilities gain sensitivity and ability to understand differences in others (Rafferty, Boettcher, & Griffin, 2001), and have appropriate models for learning new skills (Bricker, 2000). In order for inclusion to be beneficial, the setting needs to be of high quality. Several aspects of quality are necessary for benefits to occur.

One of the most important aspects for this quality care is teacher education. Higher teacher qualifications are associated with caregivers who provide more stimulating, warm, and supportive environments (Vandell & Wolfe, 2000) and higher level child language and literacy skills (Peisner-Feinberg & Maris, 2005). Education and experience affects teacher attitudes and competence when including children with disabilities as well as teaching all children to develop social skills. Challenges occur when teachers are not trained to work with all children and are not supported by their administration to interact with parents and other professionals serving the children in their care. Often pay is low and few benefits are provided. When administrators encourage and provide time for teacher education, keep child/teacher ratios low, and encourage education and parent involvement, teachers are better able to provide quality

environments for all children in their care (Edmiaston & Fitzgerald, 2000; Lieber et al., 2000; Salisbury, 1991).

High quality inclusion is possible in child care when teachers are well trained; however, training must be specifically designed to help teachers work with the children with disabilities in their care. Components of successful training are practical content, that can be immediately applied, time to self-reflect on teaching behaviors, and follow-up support (Espinosa, Gilliam, Busch, & Patterson, 1998; Rim-Kaufman, Vorhees, Snell, & LaParo, 2003). In order to better understand inclusion it's important to reflect on historical perspectives.

Historical Perspectives

Philosophical Change

Public policy that encouraged inclusion has greatly expanded since the civil rights movement. A number of laws have been passed since the 1960's that impact the role of public education, parental involvement and intervention for children with disabilities.

In 1975, the philosophy of including children with special needs in educational settings changed with Public Law 94-142. This was also known as The Education for All Handicapped Children Act requiring that children from ages three to twenty-one be provided a free and appropriate public education. Until this time children with disabilities were served in segregated, self-contained classes. The first attempts at providing free and appropriate education for children were referred to as mainstreaming or integration. With mainstreaming, children were removed from their special education class for part of the day placing them in regular education classes. They were considered visitors in the

regular classroom with enrollment in a special education class. (Schorr, 1990). Children were integrated into the regular classroom when they were able to function at the same level as other children without support services (McLean & Hanline, 1990). Reverse mainstreaming or integrated special education were terms used to describe classrooms where the teachers were special educators, the majority of children had disabilities and one-third of the children were developing typically (Allen & Cowdery, 2005). The term social inclusion referred to placing children with disabilities with children without disabilities in the same school for planned free play or recreational activities only (Rafferty et al., 2001).

Case law has been important in changing philosophy of school reform. In 1954 *Brown vs. Board of Education* ruled that school segregation violated the Fourteenth Amendment and emphasized the importance of equality in education. Landmark cases that have affected children with special needs specifically are *Sacramento Unified School District v. Holland* and *Oberti vs. Board of Education* (Haring, McCormick, & Haring, 1994). In 1992 the courts ruled that a nine-year-old child with Down Syndrome in the Sacramento Unified School District must be included in general education classrooms (Allen & Schwartz, 2001). In 1993 a judge ruled that a child with severe disabilities had the right to receive inclusive education. This case emphasized that inclusion is a right, not a privilege and helped inform the philosophy that inclusion is a place where everyone belongs (Stainback & Stainback, 1990). As state regulation supports full inclusion, programs become more accepting of the practice. The following summary of legislation since 1963 will show the evolution of inclusion.

Legislation

Advocates for individuals with special needs have been working toward educational rights for over 40 years. In order to understand the evolution of the Individuals with Disabilities Act, it is important to see what laws have been enacted to support the needs of children. Since the Civil Rights Movement several pieces of legislation have passed to assure equal education of all citizens. Below is a summary of laws passed to support the rights of individuals with disabilities.

- In 1963 Public Law (P.L.) 88-164 provided federal funds for University Affiliated facilities to serve infants and children with developmental disabilities.
- In 1968 P.L. 90-538, The Handicapped Children's Early Education Program (HCEEP), was passed in order to improve early intervention for children with disabilities, children at-risk and families.
- The 1972 Head Start amendment, P.L. 92-424, required 10% of enrollment in these programs to be reserved for children with disabilities.
- The Developmental Disabilities Act, P.L. 93-112 was passed in 1973 to reduce discrimination. Individuals with disabilities were given access to jobs, housing, education and public buildings. This law also required states providing preschool services to non-disabled children must offer the comparable services to children with disabilities (Allen & Schwartz, 2001).
- The Education for All Handicapped Children Act, P.L. 94-142 became law in 1975. This law is referred to as The Individuals with Disabilities Act (IDEA)

and has been reauthorized over the past 30 years with clarifications and improvements. This law authorized funds to early education programs for children under the age of five. There are three rulings that apply under this legislation. (a) **Zero reject** - local school systems must provide all children a free appropriate education that is individually appropriate. (b)

Nondiscriminatory evaluation - no child can be placed in special education programs without full, individual testing that is non-biased in their native language. (c) **Least restrictive environment** - children with disabilities must be educated with students that do not have disabilities. If not possible, documented plans must be made.

- The American Disabilities Act, (ADA), P.L. 101-336 passed in 1990 giving civil rights protection to individuals in private employment, all public services, transportation and telecommunications. This Act also gives children access to child care and community recreation programs (Hall & Niemeyer, 2000).

IDEA requires that special classes, separate schooling, or other removal of children with disabilities from the regular environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved. Placements include community-based settings for preschool children (Wright, 2004).

Societal and Professional Initiatives

Until the 1950s society seemed to deny the existence of people with disabilities. Diversity was not accepted and conformity of society was demanded. The formation of the National Association of Retarded Citizens in 1950 (now Association of Retarded Citizens, ARC) and President John F. Kennedy's influence through public acceptance of his sister with mental retardation helped break down social stigma (Allen & Cowdery, 2005). Parents of children with disabilities and their support of agencies such as the Division of Early Childhood (DEC), the National Association for the Education of Young Children (NAEYC), and public law have helped break down social barriers and encourage true inclusion. The goal of inclusion: to gain acceptance of children with different cultural, intellectual and physical characteristics (Derman-Sparks, 1989). Young children with disabilities cannot learn typical social skills if isolated (Wolery & Wilbers, 1994), and separating children from normal experiences creates misunderstanding and rejection (Haring & McCormick, 1990). As policy has improved, the definition of inclusion has changed.

Definition of Inclusion

Variations over the Years

Several terms have been used to describe inclusion of children with disabilities into educational settings. According to Odom and Diamond (1998), a consistent definition of inclusion does not exist and terminology changes. In the 1970's the term "integrated" described programs that placed children with and without disabilities in the same classroom. The term "integrated" settings has been used by Peck, Odom, and

Bricker (1993) to describe settings that are most influenced by how much social and communicative interactions take place on a daily basis. Stainback and Stainback (1990) used the term inclusion to describe a place where everyone belongs and is accepted. Providing educational programs for children with and without disabilities which are both challenging yet geared to their capacities and needs includes whatever assistance teachers require in order to help students succeed in the mainstream. Samuel Odom (2002) prefers a broad definition as classroom programs in which children with and without disabilities participate in activities that normally occur for children in their community and culture. Allen and Schwartz (2001) state that inclusion is not a placement issue or a set of strategies but is about belonging to a community. Finally, Bradley, King-Sears, and Tessier-Switlick (1997) define inclusion as participation by all in a supportive educational environment that includes appropriate social and educational supports and services. Integrated or inclusive schools do not require students to fit into programs but develop classroom communities to meet the educational and social needs for all children. For this study, inclusion will be defined as children with diagnosed disabilities participating fully in child care classrooms with children who do not have disabilities.

Benefits and Challenges of Inclusion

Benefits

There are many benefits for children in inclusive settings. Children with disabilities make gains in social competence and social play in inclusive settings (Lamorey & Bricker, 1993). Children with disabilities acquire higher level motor, language and cognitive skills when educated in quality inclusive settings and typically

developing children develop sensitivity toward differences in others (Allen & Cowdery, 2005).

Beckman and Kohl (1987) found that preschoolers with disabilities engage in more positive interactions with peers when they are enrolled in inclusive settings. They examined the interactions of five children attending a Washington DC early childhood program ranging in age from 3.6 to 6.4 years. All children were functioning within mild to moderate range of mental retardation, were verbal and ambulatory. Each child was observed in an integrated and a segregated classroom on four occasions throughout the year. Time sampling techniques were used during morning free play activities. Every 10 seconds, the observer recorded the behaviors occurring at that time. The observer watched for positive interaction, whether the interaction was directed toward a child with or without disabilities or toward an adult. Positive play would include positive verbal behavior, body contact, movements and/or toy play. The researchers concluded that children in both groups engaged in significantly more positive interactions in the integrated settings. A steady increase in positive social interaction was observed over time for children without disabilities.

Staub and Peck (1994) found that academic progress was not affected for students without disabilities and these students seldom learned undesirable behaviors from children with disabilities. There was no effect on levels of teacher time lost to interruptions of instruction when compared to non-inclusive settings. The benefits of inclusion are increased comfort and awareness, reduced fear of differences, improvements in self-concept, and development of warm and caring friendships. Odom

and Diamond (1998) found that parents felt inclusive settings had an overall positive effect on their child's development. Inclusive settings provide all children opportunities to interact, communicate, develop friendships and work together (Bradley et al., 1997).

The cost of inclusion has often been seen as an issue in preschool education. A study conducted by Odom et al. (2001) examined the instructional costs of traditional non-inclusive special education services and inclusive settings for children with disabilities. Information was collected from five local education agencies in different parts of the country that provide both options. Results showed that instructional costs were less for the inclusive programs and findings suggested that community-based programs were less expensive than Head Start or public school programs.

Inclusive programs do not affect academic progress of children without disabilities or instructional time for teachers. Inclusion not only increases comfort and awareness for all children, it improves social interaction and is actually less expensive than traditional non-inclusive programs. With all of these benefits, it would seem that attempts would be made to provide quality inclusive programs for all children.

Challenges

Research has shown that quality inclusion can be beneficial to all children. In order for programs to be successful, inclusive settings must provide well-educated teachers (Vandell & Wolfe, 2000), administrative support (Lieber et al., 2000), and resources for families (Rafferty et al., 2001). This becomes a challenge when states require only minimal standards for child care centers and very little training for caregivers (Department of Health and Human Services, 2003). Researchers are very clear

when describing what teachers are responsible for in providing successful inclusion.

Wolery and Wilbers (1994) state “early childhood personnel are key persons in identifying children who may have developmental disabilities” (p. 7). Therefore, in order for successful inclusion to occur, teachers should have an understanding about how to identify, refer children with disabilities, and implement developmentally appropriate instruction. Salisbury (1991) found that inclusion is possible with appropriate administrative and instructional supports, which include adequate resources and appropriately trained staff. Since caregivers are responsible for preparing an environment for all children, they need to be skilled in developing reciprocal relationships with families and children, to get acquainted with each child in the classroom, and learn about disabilities. Early childhood teachers must also be able and willing to collaborate with families and other professionals involved with individual children in order to plan developmentally appropriate curriculum (Bredekamp & Copple, 1997).

Odom (2002) states that inclusive settings support engagement of children with and without disabilities; however, teacher education and administrative support are needed to help children with disabilities engage in activities. Teachers must plan developmentally appropriate settings because they affect children’s participation and developmental outcomes.

Not only are training, experience and administrative support necessary for quality inclusion, but teacher attitude as well (Odom & McEvoy, 1990). There are fewer interactions between children with and without disabilities when caregivers do not directly promote integration in the classroom (Beckman, 1993) and it is important for

caregivers to have a positive attitude toward inclusion and a willingness to promote interactions. However, the most positive attitudes may not promote successful inclusion if caregivers do not have the skills, knowledge and support systems to effectively care for diverse groups of children (Bricker, 2000).

Dinnebeil et al. (1998) identified characteristics associated with willingness for early childhood personnel in community-based programs to care for children with special needs. The authors developed a questionnaire focusing on child care provision for birth to eight year olds. Fifteen private, for profit, non-profit and Head Start classes in Ohio participated in the study. Out of 698 questionnaires mailed, 400 surveys were received from centers and 162 from homes. Results of the surveys indicate early childhood personnel most often cited lack of knowledge regarding care requirements and experience in caring for children with disabilities as reasons to avoid including children with special needs.

Using qualitative methods to examine differences in pre-service and in-service teachers' attitudes toward inclusion, Leatherman (1999) found that both groups' behaviors were influenced by previous experience with children with disabilities. Results suggest that in-service teachers need support from administrators, consultation with resource personnel, and specific training for working with children in an inclusive classroom.

Buell, Gamel-McCormick, and Hallam (1999) administered a survey at a statewide training conference held by a family childcare association. A four-item, Likert-type scale and yes/no questions were included in the survey as part of conference

materials. One hundred eighty-nine family childcare providers returned the survey. They indicated lack of knowledge about disabilities, limited ability to care for other children, and need to buy adaptive equipment as primary barriers for willingness to care for children with disabilities.

Administrative support is important for positive attitudes of child care teachers. Principals and Directors can greatly enhance strength-based attitudes in child caregivers. Lieber et al. (2000) found that a shared vision, training, advocating for new ideas as well as national and state policies are critical in initiating and implementing programs. These researchers interviewed early childhood teachers, service providers, program directors and state level administrators. Audio-taped interviews from sixteen programs included public school, Head Start and community based programs from four different regional locations. Researchers found several themes that emerged from interviews, indicating what is needed to implement inclusion. They discovered that even if a single teacher begins the inclusion process, people in power, such as principals or directors, must back the inclusive program.

Rural Child Care

According to the North Carolina Rural Economic Development Center, 85 counties are defined as rural in North Carolina (Lyons & Russell, 2002). The Rural Information Center defines a rural area as those with fewer than 2,500 people, 25 miles away from a metropolitan area (U. S. Department of Agriculture, 2005). North Carolina's rural population is decreasing and growing older. This contributes to the lower median income than urban areas and higher proportions of poverty and working poor (Herzog,

1996). Rural areas have fewer trained teachers and fewer state regulated child care facilities than urban areas. Families also spend less per week on child care in rural areas (RUPRI, 1999). Research from Vandell and Wolfe (2000) found that teacher's wages and training affect children's later school performance. A study conducted by the National Center for Rural Early Childhood Learning (2006) found that rural children fall behind non-rural peers in their ability to recognize letters, are less familiar with beginning sounds of words, and are less familiar with books and reading which greatly affects their literacy skills. This lack of affordable quality care is a challenge. When rural families have difficulty finding affordable, quality care with well trained teachers their children's future school performance can be affected.

A review of rural child care literature by Beach (1997) suggests that rural child care is different from urban care. Center-based care is less available, rural care tends to be lower in quality in regard to teacher education and salaries, state oversight and regulation. Geographic isolation, lack of transportation and limited resources for assistance and training are also concerns in rural areas.

Beach points out other issues that affect quality care in rural communities. Parents in these communities perceive child care as babysitting and are not accustomed to professional practices. Families ask few questions about curriculum, nutrition, and training. They are more likely to ask about safety and fees. Resources available in metropolitan areas such as libraries, material and equipment suppliers and the support of specialists are not readily available to rural child care providers.

Another unique frustration in rural communities is the “gossip network” (Beach, 1995, p. 4). If you annoy someone in the community, it reverberates through the entire community. Confidentiality issues also become a problem when generations of families attend the same churches and schools. This gossip network effects community connections for education, training, and whether providers choose to participate in state child care regulation.

When it comes to child care legislation, because funding formulas depend on population size and density, urban communities are often favored for federal programs and grants. Excessive paperwork, inflexible guidelines and requirements for professional qualifications affect the ability for rural providers to qualify for grants (King, 1995). When more flexibility and less bureaucracy are employed in these areas, new ideas are easier to initiate and meet with less resistance (Harris-Usner, 1995).

A comprehensive report regarding rural child care in North Carolina was completed by Child Care Services Association (Lyons & Russell, 2002). The data are based on research collected by North Carolina’s Division of Child Development, North Carolina Department of Health and Human Services: Child and Adult Food Program, Office of State Planning, Department of Public Instruction, Department of Transportation, Child Care Market Rates Surveys, TEACH and WAGES databases. National sources included were the 1990 U. S. Census, Head Start, and NAEYC. According to this report, there were an estimated 2,999,849 children living in rural counties as of April 2001. This accounts for 50% of children living in North Carolina. Researchers estimate 209, 873 preschool age children need child care in rural counties.

Half the licensed child care centers are located in rural counties. National data revealed one-third of rural residents have no transportation of their own and two thirds live in communities where public transit is almost non-existent. These transportation problems combined with few licensed settings limit access to the quality of care that promotes healthy child development (Lyons & Russell, 2002).

Available licensing data in this same study showed that teacher education, salaries, benefits and turnover rates are related to quality of care. Rural providers have less formal education than urban providers and rural providers earn lower wages at all levels of education and experience. According to this study “it is no surprise that many teachers who begin working on a college degree do not remain in the child care field long enough to earn the degree” (Lyons & Russell, 2002, p. 18).

The lack of quality care in for rural families affects academic outcomes for children in these communities. In order to understand the role of quality inclusive care for families, parent perspectives will be discussed.

Parent Perspectives

Family participation was strengthened when IDEA was reauthorized in 1997. The mandates focused on involvement of families, rights and choices for parents, avoiding professional intrusion, empowerment, service coordination and cultural sensitivity. Because parents are the major socializing agents for their child, know their child better than caregivers or therapists, and make home to school connections possible, parent partnerships and collaboration are essential (Allen & Cowdery, 2005). Studies that focus on parent perceptions of benefits and risks in inclusive settings show that parents of

children with disabilities are very supportive of quality inclusion and feel that the social contact with typically developing children provides their children with better preparation for the real world (Guralnick, 1994).

A 2001 study by Rafferty, Boettcher and Griffin surveyed 244 parents of preschoolers with and without disabilities in a reverse inclusion program in New York State. Reverse inclusion is defined as setting where a relatively small group of typically developing children (25% to 40% of total enrollment) is added to a specialized program for children with disabilities. Parents reported that 55% of the children in the center had speech impairments, 12% had emotional problems, 9% had autism and 6% had multiple disabilities. The preschool program was a private-agency, community-based center serving children from 3-5 years of age. The program was known for being of high quality with a long history of supporting inclusion. Each class has a special education teacher with a master's degree, an early childhood teacher with a bachelor's or associate's degree, and a teaching assistant. Scales used to assess perceived benefits and risks were *The Impact of Inclusion on Children with Disabilities Scale* and *The Impact of Inclusion on Children without Disabilities Scale*. To assess global attitudes toward inclusion parents were presented with 13 situations and asked to indicate whether children with disabilities should be involved. Two scales were used to assess satisfaction with the program with parents of children with disabilities completing three additional items. All parents were asked to complete a level of involvement scale. Parents with children with disabilities were asked to report the severity of the disability.

Parents of children with and without disabilities agreed that inclusion promotes acceptance, helps develop independence, provides participation in a variety of activities and helps them become more prepared for the real world. Parents of typically developing children agreed that inclusion helps their children become aware of their own strengths and weaknesses. Parents with typically developing children were more concerned with negative behaviors influencing their children or that they might not receive enough teacher attention, resources and learning may be slowed. Parents were more likely to support inclusion if it involved a child with speech or orthopedic impairments. There was a high level of program satisfaction for all parents yet positive attitudes were not related to high level of satisfaction or parent involvement in the program. Some parents expressed a change in attitude as the year progressed because the highly qualified teachers in the classrooms provided needed support to all children.

Another study by Rafferty and Griffin (2005) compared perspectives about risks and benefits of inclusion in a community-based reverse inclusion program. Parents of 161 children with disabilities, 76 parents of typically developing children, and 118 providers participated in the study. Providers and parents agreed that inclusion was beneficial for all the children, and involving staff and parents in the program helped develop positive attitudes. It is important to note that lead teachers in this setting had masters degrees in special education, ratios were low and only 9% of all children had severe disabilities. Curriculum was designed to meet developmental needs of all the children and built on children's natural curiosity and interests.

Teacher education, collaboration and commitment to quality are needed for quality inclusion. Studies indicate that specific training for working with children (Espinosa et al., 1998), understanding of developmentally appropriate practice (Bredekamp & Copple, 1997), and collaboration with parents and professionals are a must (Allen & Cowdery, 2005). Experience in caring for children with disabilities would help change teacher attitudes by raising self-confidence (Buell et al., 1999).

Administrative support must include a strength-based view of all children and support teacher training. Child care professionals need to understand how to refer children for evaluation and know how to access needed materials for children identified with special needs. Good administration, appropriate teaching strategies, and naturally occurring activities in the child's environment are all important components of successful early childhood integrated programs (Diamond, Hestenes, & O'Connor, 1994).

The goals of any inclusive setting should be the same. A philosophy of collaboration focusing on what's best for the child needs to be supported by administrators for inclusion to work. Laws are in place to support inclusive classrooms and inclusion is a win-win for children with and without disabilities. Children with disabilities have appropriate models, children without disabilities learn acceptance, and all children learn to cooperate and support each other.

Child Care Quality

After reviewing needs for and barriers to preschool inclusion, it is helpful to understand what is considered quality child care. Unfortunately research shows low quality care is the norm. According to the Child Care Cost and Quality Study (Cost,

Quality, and Outcomes Study Team, 1995), child care quality was mediocre and some settings were of such poor quality that basic health and safety needs were not met. A study by the National Institute of Child Health and Human Development (NICHD, 2000) indicates that center based care is still considered lowest in quality. Because nearly 60% of children five years and under in the United States attend child care on a regular basis (Vandell & Wolfe, 2000), these settings need to be of high quality.

Indicators of Quality

The Early Childhood Environmental Rating Scale (ECERS) by Harms, Clifford, and Cryer (1998) is widely used to measure the quality of child care settings and is used in describing developmentally appropriate environments. According to this instrument, there are several indicators to look for in child care settings.

- Ample indoor and outdoor space and furnishings that allow children to move freely, are comfortable and accessible to all children. Space should be accessible to children and adults with disabilities, adaptive furniture should be available and special equipment or adaptations should be provided for gross motor play.
- Personal care routines such as nap, toileting and meal times are a pleasant part of the child's day.
- Health and safety practices are consistently followed.
- Developmentally appropriate activities and a variety of materials are provided and open ended art activities with emphasis on process and pro-social skills are encouraged and modeled by staff.

- At least five interest centers should be available and organized for independent use by children.
- Teacher-child interaction, program structure (including schedules and provisions for children with disabilities).
- Provisions for parents as well as opportunities for professional growth.

Helburn and Howes (1996) define two types of indicators for identifying quality in child care:

1. Process indicators such as child-teacher interactions and curriculum are considered basic for quality care. Teachers who are sensitive and responsive to children's needs and understand how to plan activities and provide materials for exploration are necessary for process quality.
2. Structural quality includes aspects of the environment such as adult-child ratio, number of children in the group, teacher's education level, experience and the facility.

These aspects are usually regulated by a government agency but standards vary widely from state to state. Process and structural quality are interrelated since a high quality environment will create opportunities for teachers to interact more appropriately with children. Children in high quality settings have higher scores on assessments in cognitive, social and language development (Vandell & Wolfe, 2000).

Child Outcomes

There are strong relationships between quality care and child outcomes and as discussed previously, process and structural quality are both important and interrelated.

However, findings vary regarding long term effects of quality care on child development. Vandell and Wolfe (2000) examined evidence from 64 studies ranging from the years 1979 to 2000 on the effects of child care on children's development. According to the report they prepared for the U. S. Department of Health and Human Services, several quality indicators are consistent throughout the meta-analysis. When child-teacher ratios are lower, children are less apathetic and distressed and teachers are more supportive, spending more time providing stimulating activities, and less time managing the classroom. When teachers' wages increase and teachers have more training, they provide higher quality activities, and are more responsive and less restrictive. Finally, quality settings are more likely to have better health and safety standards, which result in lower incidence of infection and fewer playground accidents. This same report revealed that children appear happier, have close attachments with caregivers, and perform better on standardized tests in cognition and language when process quality is high. Poor process quality predicted more child behavior problems. The 64 studies indicated that teachers who provide developmentally appropriate activities are emotionally supportive and responsive to children.

Results of the Vandell and Wolfe (2000) study indicated structural quality and child performance are related in two areas: teacher-child ratios and caregiver education. Children in classrooms with lower ratios understand, initiate and participate in conversations, have better general knowledge, are more cooperative and show much less aggression. When teachers are educated and trained (at least an associate degree in a

child related field), children have higher level language skills, perform better on cognitive tests, are more persistent in completing tasks, and are more ready for school.

The need for quality programs is mentioned throughout inclusion literature. Buysse, Wesley, Bryant, and Gardner (1999) assessed factors in 180 community -based child care centers in North Carolina. These centers included Head Start, church-sponsored, public and private centers. For assessment, these researchers used the ECERS and Self-Assessment for Childcare Professionals. The study found that 62 of the centers reported enrolling at least one child with disabilities and these centers scored higher on the ECERS. Results also show teacher education, professional experience, and teacher ratings of knowledge and skill helped predict program quality. A study by Hestenes, Cassidy, Cranor, and Connelly (2003) reported that 396 classrooms out of 1106 in North Carolina were inclusive. Out of the inclusive classrooms, 982 children were identified with disabilities. These classrooms scored higher in quality on the ECERS than classrooms with only typically developing children.

Types of programs, quality, child-teacher interaction and the quality of the teacher-child relationship are also related to child outcomes. Clawson (1997) used interviews and observations with teachers to evaluate class size, ratios, teacher qualifications and the environments. Observers looked at 194 children in three for-profit and two nonprofit centers to assess frequency, content and affective tone of teacher interactions as well as levels of child security and social competence. She found nonprofit programs had smaller class sizes and highly qualified teachers. Caregivers in these settings had higher rates of warm, friendly, teaching conversation with children. Low

quality teacher-child interaction included neutral teacher affect, interactions to control children's behavior, and children's insecurity in the teacher-child relationship.

Two studies examined cognitive and social/emotional outcomes for preschool children attending childcare of varying quality. Peisner-Feinberg and Burchinal (1997) tested child and family characteristics as part of the Cost, Quality and Outcomes study to see if they tempered the relation between child care quality and preschool children's concurrent cognitive and social/emotional development. A multisite sample of 170 child care centers of various quality and 757 preschool children were included in the study. Research revealed there was no evidence that children from advantaged backgrounds were buffered from effects of poor quality care. There were stronger positive effects of quality care for children with at-risk backgrounds. Results also indicate a positive relation between child care quality and children's cognitive and social/emotional outcomes.

Peisner-Feinberg et al. (2001) studied the cognitive and social/emotional development of 733 children, 4-8 years of age. This longitudinal study examined the function of preschool experiences in child care centers. Results indicate that child care quality has modest long-term effects on children's patterns of development through kindergarten and with some children through second grade. Classroom practices were related to children's language and academic skills but closeness of the teacher-child relationship was related to social and cognitive skills.

Instructional Practices

Instructional practices are another important component in long-term development for children and key in quality care. Developmentally Appropriate Practice

(DAP) is a learner-centered philosophy accepted as best practice for young children. The teacher in a DAP classroom provides a variety of concrete materials and allows the children to initiate interaction with the environment, peers and teachers. The definition of DAP is the outcome of a process of teacher decision making drawing on what teachers know about how children develop and learn, what teachers know about individual children in their group and knowledge of social and cultural context, in which children live and learn (Bredekamp & Copple, 1997). If teachers understand DAP, they can provide a balance of teacher and child-directed activities and activity-based curriculum (naturalistic instruction), which builds on a child's interests. Providing children with many opportunities to choose their own play activities is an aspect of this process (Odom & Diamond, 1998). According to Hauser-Cram, Bronson, and Upshur (1993) children with disabilities enrolled in community-based preschools showed more and higher levels of peer interaction, appeared to be less distracted and more persistent when teachers offered choice of activities (Odom & Diamond, 1998). Even children with severe disabilities progress without intensive intervention with activity based curriculum (Hanline, Fox, & Phelps, 1998).

Several studies show the benefits of developmentally appropriate classrooms. Jambunathan, Burts, and Pierce (1999) found that preschool children in child-initiated classrooms had higher skills in peer acceptance and self-competence. Children in child-initiated classrooms rated their abilities higher, had higher expectations for success, were more likely to select number and letter tasks and selected more difficult tasks than academically-directed children. Children in these developmentally appropriate

classrooms were less likely to ask for permission, more likely to smile spontaneously and worried about school less than academically directed children.

Marcon (1999) looked at different preschool teaching models in an urban school district. Language, self-help, social, motor and adaptive development along with mastery of basic skills were assessed with 721 randomly selected four-year-olds. Results revealed that academically directed children scored higher in written language, play and leisure skill compared to children in child-initiated (CI) classrooms. However, children in CI classrooms scored higher in receptive and expressive language, personal, interpersonal and gross motor skills and had higher GPAs in all subject areas. This study also indicates CI children in first and fourth grade had fewer declines in achievement tests and lower levels of maladaptive behaviors than academically directed children.

More evidence supporting the benefits of DAP were found by Schwienhart, Weikart, and Larner (1997). The researchers looked at the longitudinal progress of children from academically directed and child initiated preschools. At age 15, children in child-initiated classrooms were less likely to have conduct problems, planned to achieve higher levels of education, had fewer years of special education, were more likely to volunteer, and had fewer arrests.

Educational practices are most effective when they are developmentally appropriate (Bredekamp & Copple, 1997). The Americans with Disabilities Act requires that all early childhood programs provide access to children with disabilities in educational programs (Wright, 2004). Quality child care should provide developmentally appropriate curriculum for all children. This naturalistic instruction provides necessary

support for children to succeed (Odom, 2000). The studies reviewed reveal that DAP is important for long term success in education.

Quality inclusion in child care depends on quality settings. Inclusion is possible with appropriate administrative and instructional supports, adequate resources, and appropriately trained staff (Salisbury, 1991). This support from administrators, childcare directors and state regulation is important for encouraging collaboration. Caregivers need to support reciprocal relationships with families and children. Early childhood teachers must be able and willing to collaborate with families and other professionals involved with individual children. In a quality setting, parents are encouraged to be in the classroom and have time to talk with teachers (Bredekamp & Copple, 1997).

Another developmental task for children is social competence. Not only do caregivers need to develop relationships with families but facilitate peer relationships for children. The following studies indicate peer relationships contribute to long-term development in important ways.

Social Competence

The literature in this section reveals that friendship and peer acceptance are major developmental tasks, but teachers are responsible for facilitating positive interactions. Three-year-old children play consciously and cooperatively with others, understand pretending and can play spontaneously in groups (Gordon & Browne, 2000). By age four, social networks are stable, well-organized and gender segregation in play is evident (Johnson, Ironsmith, & Whitcher, 1997). Social competence in early childhood typically predicts later outcomes of success in educational settings (Shonkoff & Phillips, 2000).

According to Guralnick (1999), children with special needs are at higher risk for peer rejection and typically developing preschoolers prefer forming relationships with typically developing peers. Hestenes and Carroll (2000) summarized children's play patterns which showed a tendency for children without disabilities to engage in less solitary and more cooperative play and exhibit less on looking behavior than children with disabilities in inclusive settings. Buysse, Goldman, and Skinner (2002) studied the effects of program settings on friendship formation of 333 preschool children.

Researchers compared peer friendships in specialized classrooms (these were early intervention agency sponsored and designed exclusively for children with disabilities) and inclusive preschool settings. All programs were full-day programs participating in full inclusion and had five- star ratings. Results found that typically developing children in the specialized programs had significantly more friends than the children with disabilities. The differences in number of friendships for children with and without disabilities were not statistically significant in the inclusive child care programs. Severity of a child's disability and outcomes on social development scores did predict the number of friendships but age and gender did not. Children with disabilities in inclusive child care were more likely to have friendships with typically developing peers. A well-established finding is that typically developing children "are more attuned to interacting with their peers" (Buysse et al., 2002, p. 513) so are more available as playmates. Since research indicates that children with disabilities have more difficulty in establishing friendships it is extremely important for teachers to help foster better peer interaction.

Social contact between children with and without special needs is a first step to acceptance. Preschool children who have social contact with classmates with disabilities show higher scores on acceptance and emotional understanding measures than children without such contact (Diamond, 2001). Acceptance and understanding is great but developing true friendships requires more. Children who use little or no functional language spend more time in solitary play, initiate interactions less or have different strategies to initiate play. Children who have physical disabilities that require help with locomotion depend on adults to initiate activity changes and social interaction. Children who have sufficient language to make needs clear and have independent locomotion, may fair better in inclusive preschool social interactions (Harper & McCluskey, 2002).

Adults need to teach children to facilitate social interaction independently using the skills they have and helping typically developing children understand the differences in initiation of play. Goldstein, English, Shafer, and Kaczmarek (1997) examined effects of a peer intervention approach using a “stay, play and talk” (p. 38) strategy to help typically developing preschool children become more aware of communication attempts of classmates with disabilities. After this “buddy training” (p. 33) consistent improvements in social interaction were observed. Brown and Bergen (2002) examined types of play and social interactions in preschoolers with developmental disabilities. Results indicate that in general, children with disabilities spent most of their time in activity centers where the teacher was present. Learning centers themselves did not encourage peer interactions, and teachers did little to facilitate social interaction. The researchers also believe teachers need to model and facilitate social interactions so

children learn to use social skills independently and help children understand differences in initiation of play.

Teacher Interaction

How teachers interact with children is important in promoting social integration. Girolametto, Hoaken, and Weitzman (2000) investigated the language input of eight childcare providers to eight children with developmental disabilities in community-based centers. They found that the language used by teachers was not on the children's expressive language levels and was directive (stating rules and making commands). Because of the nature of the language, the children in this study interacted infrequently with the adult and other children in their class. Another study by Beckman (1993) found that there were fewer interactions between children with and without disabilities when caregivers had not directly promoted integration in the classroom. Appropriate caregiver behaviors are a critical component for a child's development. Social competence in early childhood can predict later outcomes of success in educational settings (Shonkoff & Phillips, 2000).

File (1994) stresses that children with disabilities need to become socially integrated with peers who are typically developing and need appropriate teacher support for true social integration. Classroom observations using a time-sampling model revealed that teachers were more directive (statements of rules and commands) in facilitating cognitive play than social play of children with disabilities. In the File study it was observed that teachers mediated interactions with peers only 2% during free-play interactions. When teachers did intervene they were not in tune with child's individual

needs and their support was highly directive. This teacher/child interaction hinders social interaction with peers.

Kemple, David, and Hysmith (1997) observed 25 teachers in public school kindergartens and Head Start programs during free-choice periods. For 30 minutes on three separate days using event-sampling procedures, they found that teachers were involved in an average of 5.5 interactions per observation and statements of rules and commands were the most prominent intervention. These teacher-child interactions terminated peer interactions. The researchers also found factors that helped children become more autonomous in negotiating successful peer interactions were: program quality, high adult/child ratios, teacher's beliefs about developmentally appropriate practice, and teacher's level of education.

The National Institute of Child Health and Human Development found that the strongest and most consistent predictor of child care quality involved the kinds of language teachers used when interacting with very young children. They developed The *NICHD Caregiver Language Checklist* so parents, teachers, and administrators would have an instrument to use for evaluating quality. The following items from the checklist show how important interaction and verbalizations are in a quality environment.

- “Caregiver responds to the child’s vocalization – responds verbally to what the child is saying or trying to say, repeats the child’s words, comments on what the child said or answers questions.
- Caregiver asks the child a question – ‘are you hungry?’ ‘Who is that?’ ‘Aren’t you sleepy?’ ‘You like green ones?’

- Caregiver praises, says something affectionate – ‘I love you.’ ‘You’re a cutie.’ ‘You did it!’
- Caregiver teaches the child – For children over two, teaching should involve counting, shapes, naming, pointing out letters or numbers in a book, the meaning of a new word, comparing objects.
- Caregivers directs other positive talk to the child – Describes an object or event, comforts, entertains, sings songs, tells story. This does not include negative talk such as insults, criticism, and rejecting, reprimanding or teasing, yelling or directive talk (giving orders).”

The researchers also point out that in excellent programs, sensitivity, responsiveness, and stimulation are characteristic of good caregivers, detachment and intrusiveness are not (NICHD, 2005, pp. 82-83).

Studies in this review indicate that high quality care is a necessity for children and process, and structural quality are interrelated since a high quality environment will create opportunities for teachers to interact more appropriately with children. Education of teachers is an indicator of quality as well. Numerous studies have shown that quality of child care is related to teacher education. The following discussion will describe how training relates to quality care.

Teacher Training and Quality

Even though teacher education is predictor of quality (Bredekamp & Copple, 1997; Buhrman & Sell, 1997; Clawson, 1997; Cost, Quality and Outcomes Study Team, 1995; Howes, 1997; NICHD, 2000; Vandell & Wolfe, 2000; Wilcox-Herzog & Kontos,

1998), actual experiences in the classroom and child-teacher ratios are important (NICHD, 2005). When administrators provide high quality environments and teachers are well educated, classroom experiences for all children are greatly enhanced.

Teacher Background

Teacher background has been found to be an important factor in structural quality. The skills that are needed for teachers in inclusive settings are getting acquainted with each child in the classroom and learning about disabilities. Teachers must be expressive, encourage competence and prosocial behavior, provide physical affection, arrange the learning environment, provide concrete, tactile experiences, choose activities that all children can participate in and become partners with parents (Honig, 1997). A critical component of activity-based intervention is ongoing and regular evaluation of progress in meeting a child's individual goals (Diamond et al., 1994). Teachers must have training and experience in order to attain these skills.

Howes (1997) looked at the relationship between teacher background and adult-child ratio in center-based care using data from the Cost, Quality and Outcome Study and The Florida Quality Improvement Study. In both samples, caregivers with higher educations were most effective, and teachers with Associate of Arts degrees and CDA certificates were more effective than those with some college or High School diplomas plus workshops in child development. In the Cost, Quality sample, classrooms that complied with professional standards had more effective teachers and more positive child outcomes. Another study by Ridley et al. (2000) revealed that children in child care centers which voluntarily met higher standards, showed higher levels of engaged

behavior. These studies illustrate the need for lower child/teacher ratios, better environments, higher teacher education requirements and the desire for the administrator to provide quality care. What emerges in the literature is that variables such as teacher-child ratios, child background, teacher characteristics, administrator experience and staff wages all affect quality caregiving.

Staff-child interaction, supervision, discipline and peer interaction are included in the ECERS as quality indicators (Harms et al., 1998). Appropriate teacher interaction such as showing warmth, respect, responsiveness and sensitivity through verbal and physical contact are needed for relationship building. Children with a history of secure relationships with teachers exhibit prosocial, gregarious and complex play (Howes, Hamilton, & Matheson, 1994), thus demonstrating that a child's relationship with their teachers are important for development. Cassidy and Buell (1996) compared two groups of full-time, child care teachers to see if education made a difference in verbal interactions. Nineteen teachers were awarded scholarships to attend community college classes in early childhood education and child development, and fifteen teachers who held only high school diplomas took no classes. Teachers' verbalizations were audio-taped and coded. Other instruments were used pre-test and post-test to measure improvements. The post-test results for the 19 teachers attending college courses on the ITERS and ECERS showed higher scores in overall classroom quality. The same teachers responded in significantly more developmentally appropriate ways post-test on a Teacher Belief Scale (TBS).

Even though participants showed higher scores on ITERS, ECERS and Teacher Belief Scales, the amount of responsive language used by teachers did not increase. Two explanations were cited by the researchers: (a) ratios of children to teachers remained high which may have made restrictive language necessary, and (b) higher education will not change speech patterns that have developed over a lifetime.

High child-teacher ratios are shown as a barrier to overall quality of care and effect teacher's ability to work with children. Howe's 1997 study revealed that preschoolers in classrooms meeting NAEYC standards had higher pre-reading scores. NAEYC ratios for 3- to 5-year-olds are one teacher to 8 children. This ratio is quite low compared to the N. C. State standard ratio of 3-year-olds at one teacher to 15 and 4-year-olds at one teacher to 20 children. The study indicates that adjusting ratios and teacher background leads to changes in teacher behaviors, which then lead to changes in children's experiences in classrooms and developmental outcomes. When teachers have more education, have fewer children in their care, they can spend more time interacting and supporting learning.

A study by NICHD (2000) found that positive caregiving was higher when adult-child ratios were lower, group sizes were smaller and when caregivers had higher levels of education and held more child-centered beliefs. In study observations, positive care was associated with level of education and specialized training but these indicators were not as strong as ratio and group size for very young children. To confuse issues more, the same study shows that group size was less important for children at 36 months. Caregiver characteristics become more important as children get older. At 36 months, the ratings of

positive behavior were significantly related to caregiver's experience, beliefs and education. However, correlations between structural characteristics, caregiver characteristics and positive caregiving ratings were higher when child teacher ratio and groups sizes were smaller at all ages assessed.

A study by Hestenes et al. (2003) found teachers in inclusive classrooms had significantly more college course hours in special education than teachers in non-inclusive settings, and had been teaching in the same facility longer. Another variable, caregiver experience, was not a predictor of quality unless group sizes were small. NICHD (2000) study found that caregivers in centers had more experience, but ratios were higher in these settings and the lowest level of caregiving was found in child care centers.

Training that Works

Problems arise when teachers in childcare are not given proper training and support to provide what children need. Expertise in planning and teaching does not come without education and experience. Standards endorsed by NAEYC and the Division for Early Childhood (DEC) emphasize that caregivers of young children must have a common core of knowledge and skills (Miller & Stayton, 1998). Lectures, handouts and lists of resources were rated much less effective in changing practice than teacher modeling, small-group discussion and opportunities to practice skills (Sexton, Snyder, Wolfe, & Lobman, 1996).

Miller and Stayton (1996) surveyed 41 university coordinators of early education teacher preparation programs in 20 U. S. states. The survey included 10 demographic

items, 32 closed-ended items regarding program characteristics and 11 open-ended questions about perceptions of benefits, barriers, issues and other factors affecting interdisciplinary teaming. Research shows that pre-service programs including coursework with specific strategies for working with students who have disabilities and direct lab experiences with children influenced teacher attitudes toward inclusion. Barriers to effective teacher training programs at the university level were lack of administrator knowledge and support, communication problems, poor interpersonal relationships among team members, and inadequate field experiences in quality inclusive settings.

Edmiaston and Fitzgerald (2000) looked at the Grant Early Childhood Program in Iowa to better understand what is needed in a successful program. This early childhood program clusters teachers, special educators, and resource staff in teams called PONDS (Prizing Our Natural Differences). The administrator sets up weekly meetings for the POND team to plan, share and troubleshoot. These meetings decrease the sense of isolation and encourage collaboration. The Grant Program is based on the Reggio Emilia approach. The founder of this approach, Loris Malaguzzi (as cited in Gordon & Brown, 2004) described relationships to be fundamental in organizing educational systems. In a Reggio Emilia classroom, children are seen as competent and capable. Relationships between teachers and children are based on mutual respect and cooperation. Parents are considered indispensable partners, and collaboration with all who serve each child is imperative. The primary goal in the Reggio Emilia schools is to ensure that every child

feels a sense of belonging and to strengthen each child's sense of identity as an individual (Edmiaston & Fitzgerald, 2000).

Werts, Wolery, and Snyder (1996) examined teachers' perceptions of needs for the enrollment of students with substantial disabilities in their classrooms. One hundred fifty eight general and special education teachers participated in a state survey and 1,430 in a national survey regarding support. Teachers identified three areas of support: training that responds to the individual requirements of teachers, consultation from team of professionals, and extra class assistance. Other likely requirements were administrative support, smaller class sizes, money for extra materials, and adequate time to collaborate and plan.

Quality of services in inclusive programs depends on staff qualifications. Faculty that trains staff must have expertise in learning and development of young children and families (Miller & Stayton, 1998). Harvey, Voorhees, and Landon (1997) used focus groups to identify training needs. Early childhood administrators, teachers, special education administrators, parents of preschoolers with disabilities, and university faculty members expressed the need for staff development in programs, joint training, and observation of quality programs.

Training in class-based instruction, portfolio projects emphasizing children's abilities rather than deficits and on-site consultation helped child care staff develop a more strengths-based view of children in their care (Campbell, Milbourne, & Silverman, 2001). A study by Bruder and Fink (2004) indicates that barriers to quality inclusion include caregiver attitudes, lack of systematic training, and lack of available technical

assistance for the child with special needs in their care. The authors looked at state policies in 48 U. S. states and District of Columbia in order to see what effect these policies had on the participation of children with medical needs in licensed childcare. In the vast majority of states they found that policies only covered the dispensing of medications specifically, yet other medically related procedures were not spelled out. Childcare providers trying to serve children with medical issues were left to consult other providers to help meet child need. Not only does this sound dangerous to the health of a child, but the lack of support in preparing for the child's needs and ongoing technical assistance certainly affects the attitude of the caregiver. Without proper policy and support, it would be nearly impossible for a childcare teacher with the best early childhood training to meet the needs of a medically involved child.

Education is key in providing instructional supports for childcare providers so they can meet the needs all children in their care, but collaboration with everyone involved is not possible if childcare teachers are not given the opportunity to do so. Case studies by Soodak et al. (2002) indicate that lack of knowledge of inclusion and lack of provider collaboration in service delivery were barriers to successful inclusion. The teacher described in the study liked the child with special needs, wanted to work with her, but special needs education was not a part of her teacher preparation program, and she felt the speech therapist should be the one responsible for the child's improvement. A recommendation was made for the teacher to attend inservice training on the condition that she could find a substitute teacher for her class. It is not mentioned whether the teacher was included in Individualized Education Plan (IEP) meetings received, technical

assistance from the therapist, or if she had seen the IEP to know what goals needed to be achieved. The researchers point out that teachers need professional empowerment in order to provide excellence in inclusive programs.

Lieber et al. (2000) identified several supports that facilitate the development of inclusive preschool programs. These are provision of training, policy, and a shared vision. A research synthesis by Odom and Diamond (1998) indicates that cooperation and time for collaboration among teachers and therapists is needed. When children with disabilities are included in childcare, providers become part of the intervention team. This means they must be able to collaborate and openly communicate with parents and service providers. In the United States, most childcare workers have minimal training and no experience in working with children with disabilities. Since most child care providers are not professionally trained, they are not recognized by professional specialists who evaluate and serve children. In order for child care staff to become a full member of an intervention team, special service providers, parents, and caregivers must be willing to communicate with and teach each other for true collaboration (Guralnick, 2001).

Espinosa et al. (1998) examined effects of an inservice training model for child care providers with children with special needs in their care. Forty employees of home and center-based child care programs were assigned to live or videotaped training groups or to control groups over two years. The study reveals that only child care providers with training altered caregiving behaviors regardless of live or videotaped methods. In addition, this same study found that child care providers in home or center-based care showed a high level of confidence in their knowledge and ability to care for children with

disabilities after training. A multidisciplinary collaborative curriculum was developed to teach child care providers ways to integrate children with special needs into their child care facilities. Live training was provided in a group meeting format with various professionals in special education, speech pathology, physical education and public health after which individualized onsite demonstrations were held at each participant's child care setting. Inservice presenters gave monthly workshops, on-site consultation and demonstration visits to the first year live presentation group. The second year experimental group viewed eight videotapes of meeting information and demonstrations that had been filmed, narrated and edited during the live presentations in the first year. Both training methods combined instruction with on-site consultation and demonstration. Pre and post-test observation checklists showed that trained groups and control groups did not differ in behaviors that promoted physical development, but teacher performance in behavior management and promotion of children's communication development was much higher for the both groups. Researchers point out the five key components to successful training in their study:

1. Useful handouts and materials
2. Relevant content that addressed an existing need—The training was specifically designed to help teachers work with children with special needs in their care.
3. Follow-up support.
4. Practical content that could be immediately applied.
5. Effective trainers.

Rimm-Kaufman et al. (2003) developed a model of training to use in a pilot program. The program included seven University of Virginia, second year Early Childhood Special Education (ECSE) masters degree students with a range of 5-15 years of experience with children. These students were in the pilot program for one semester during their practicum experience with preschool children in a variety of settings including self-contained, inclusive child care and part-time inclusion arrangement serving 4-year-olds living in poverty. There were three teaching goals:

1. To teach students specific behaviors that communicate sensitivity and warmth to young children with and without disabilities.
2. To help students realize their strengths and limitations in interaction skills.
3. Help students recognize how they interact differently with children depending on the child's characteristics and temperament.

Four training methods were used throughout the semester. Students began their training with interviews and self-reflection statements. Students were then videotaped three to four times in the assigned settings. The Checklist for the Observation of Classroom Behavior was used to focus on five areas: tone of voice, non-verbal communication, listening, turn-taking and talking, noticing and responsiveness. Students were asked to identify children who had certain characteristics such as "easy to teach," "caused problems," etc. Students were also asked to follow goal setting and problem solving by answering questions such as "Examine points in your interactions with children that you thought went well. What do you think made it go well?" Other questions helped students reflect on sequence of events before interactions and self-

improvement. The pilot program was successful in that these students could recognize their behaviors that communicated sensitivity and positive regard for the children in their classroom. They could distinguish how their interactions differed depending on child characteristics and identify strengths in their sensitive teacher-child interactions and make changes for improvement. These teachers were well-educated, articulate and exhibited self-confidence by being able to identify and make changes in their behavior. Teacher-child ratios were low which would allow a teacher to self-reflect and try new behaviors. There was also a lot of support from teaching staff. This is very different from most child care settings. This article does express the need for practicum experiences with feedback from supervisors and self-evaluation opportunities and how essential these are for improvement for more responsive verbalizations with children.

Denham and Burton (1996) found that teachers participating in a 32-week intervention focused on building relationships, assisting children in understanding and regulating their emotions and helping children work through interpersonal conflict showed less negative emotion, more involvement and sensitivity. This study points out the need for sensitivity training for teachers working with at-risk children.

Mill and Ramano-White (1999) investigated factors related to childcare educator's levels of affection and anger. The researchers found that aspects of the work environment did directly relate to job perceptions which correlate with anger. "Centers that were for-profit and had larger class sizes, lower wages and more children on subsidies also had educators who perceived they had fewer job rewards, less job satisfaction, less supervisor support, more burnout and more job concerns" (p. 171). They

also found that higher levels of affection and lower levels of anger occur with higher levels of training; therefore training can serve as a buffer to negative work environments.

Researchers have identified training that is more effective for teachers in rural communities. Project TIES and Project REACH are two such programs.

Project TIES (Towards Inclusion in Early Settings) was a federally funded demonstration model training program designed to enhance the abilities of child care teachers and trainers to include children with disabilities in developmentally appropriate, birth to five settings. A final report written by Willis (2002) describes the outcomes of the Tennessee project. Over 1,272 people received training and 100 trainers received advanced training during the project. The eight modules included in the training sessions: professionalism, child development, developmentally appropriate practice, health and safety, guidance, observation and assessment, family relationships and cultural and individual safety. There were several features that helped make this training program successful. Reimbursement for professional development, the trainings were held locally in rural areas, the training was activity-based, and there was support for parents. Mentoring for teachers, consultation, networking opportunities were also provided and local Early Intervention personnel were some of the trainers.

The second training program Project REACH (Rural Early Childhood Institute) was a two year program in rural Missouri (Matthews, Thornburg, Espinosa, & Ispa, 2000). The project's mission was to improve the quality of rural child care and children's cognitive and social development.

Child care providers were given local training, support, individual assistance, and opportunities for professional development. The purpose of the project was to investigate quality of rural care, and provide training and support. Project REACH was introduced in 1994 in 17 rural communities. Trainers were hired that were indigenous to the communities, were known by the providers, understood child care, and had education in child development or early childhood. These trainers organized monthly training sessions in classrooms and child care homes. They guided collaboration, provided local support, information and resources. Twelve workshops were developed the first year which included small-group discussion, hands-on activities, handouts and videos. The second year, six learning kits were developed to provide hands on experiences for the children. The trainers would use the learning kits to demonstrate how much children enjoy play.

Four times during the training, Environmental Rating Scales and the Arnett Caregiver Interaction Scale were used to assess progress. After participation in project REACH most of the providers improved the quality of care they provided, their beliefs became more developmentally appropriate, they became less detached in their interactions with children. Unfortunately, their degree of harshness remained unchanged. The overall benefit was the demonstration that quality can improve through individualized training tailored to meet the needs of rural providers.

Training can help teachers alter their behaviors if it has practical content that directly relates to their needs, can be immediately applied, and if there is follow-up support (Miller & Stayton, 1996; Werts et al., 1996). Effective trainers are needed to teach students specific behaviors that communicate sensitivity and warmth to young

children (Rimm-Kaufman et al., 2003). For rural teachers these trainers need to be indigenous to their area and understand their needs for educational resources (Matthews et al., 2000; Willis, 2002).

Summary

The studies reviewed reveal variables that affect caregiving. These include: teacher-child ratios, type of care, administrator support, director's desire to provide quality care, and teacher's wages (Bredekamp & Copple, 1997, Howes, 1997, NICHD, 2005; Ridley et al., 2000). Training needs to be very specific to the children who are included in a classroom. Specialized training can enhance teachers' behavior management skills, sensitivity to children with special needs and promotion of children's communication development. Training and ongoing support help teachers realize their strengths and limitations in interaction skills and help them recognize how they interact differently (Denham & Burton, 1996; Rimm-Kaufman et al., 2003). Education does improve levels of child development knowledge and is needed to buffer the other variables in the work environment that negatively affects teacher interactions (Mill & Ramano-White, 1999). Training that works is practical and relevant to the existing needs of teachers and time to collaborate and plan (Werts et al., 1996). Teachers in rural areas need activity-based, local training from indigenous trainers and reimbursement for money's spent on training (Matthews et al., 2000; Willis, 2002). Materials for training should be useful, effective trainers provide information and follow-up support as necessary. Not only is being able to practice what is learned important but time for self-

reflection regarding mistakes, successes and growth is needed (Edmiaston & Fitzgerald, 2000, Rimm-Kaufman et al., 2003).

Teachers have a huge responsibility in providing developmentally appropriate environments for all children. In the United States, most child care workers have minimal training and no experience working with children with disabilities (Guralnick, 2001). For-profit child care centers were seen as lower in quality because ratios are higher, and minimal standards are met (Mill & Ramano-White, 1999; NICHD, 2000) and rural communities have fewer regulated child care slots and fewer trained professionals to work with children (Lyons & Russell, 2002; NICHD 2005). The focus of this study will be to examine the training and support needs of preschool teachers in licensed, for-profit, inclusive, child care centers in a rural community.

The specific research areas to be addressed:

1. To explore and describe lead teachers' perceptions about their preparation to work with children with disabilities in their classrooms.
2. To examine the types of support child care teachers perceive as important in order to make inclusion successful in their classroom.

CHAPTER III

METHODS

Research Design

For this research a qualitative case study design was used to examine the training and support needs of preschool teachers in licensed, rural, for-profit, inclusive childcare classrooms. The conditions that determine the design used in any study are the type of research questions, the extent of control over actual events, and method of data analysis (Yin, 1994).

Qualitative and quantitative methods differ in several ways. Quantitative research can be experimental in design assigning subjects to treatment conditions or non-experimental design such as surveys using structured interviews for data collection. Often pre-determined instrument based questions are used to collect data with researchers specifying the types of information to be collected in advance. Data analysis is statistical and the intent is to generalize from a sample to a larger population (Creswell, 2003).

In contrast, qualitative methods may take place in the natural setting as the researcher seeks to build rapport with individuals involved in the particular phenomenon being examined. This type of research is emergent, allowing open-ended, exploratory procedures to guide research (Yin, 1994). Case study design is used to discover insights and interpretations (Merriam, 1988) to examine the ways people in particular settings manage and understand their work (Miles & Huberman, 1994), and to investigate a

phenomenon in a real-life context (Yin, 1994). During the interview process in a case study design, the researcher is the primary instrument for data collection and analysis and is interested in meaning and understanding gained through words rather than through inventories or questionnaires (Merriam, 1998). Qualitative interviews are more like purposeful conversations (Marshall & Rossman, 1989) and are one of the most important sources of information (Yin, 1994). In a qualitative study findings emerge during data analysis rather than controlling a set of variables or testing a hypothesis (Creswell, 2003). Data analysis is an ongoing process with continual reflection throughout the research process (Rossman & Rallis, 1998).

The case study design of this research investigates real-life situations in inclusive classrooms and the perceptions teachers have regarding inclusion and the supports that might be needed for success. The overall purpose of this study was to examine (explore or describe) the training and support needs of preschool teachers in licensed, for-profit, inclusive, rural, child care settings.

The specific research areas addressed were:

1. To explore and describe lead teachers' perceptions about their preparation to work with children with disabilities in their classrooms.
2. To examine the types of support child care teachers perceive as important in order to make inclusion successful in their classroom.

Community Context

As discussed previously, research indicates that to provide successful inclusion, child care teachers need administrator support (Lieber et al., 2000), education (NICHD,

2000), experience (Dinnebeil et al., 1998), and specific training for the child with disabilities in their care (Werts et al., 1996). They also need technical assistance (Bruder & Fink, 2004), to feel part of the team serving children with disabilities, communication with parents, and the professionals providing therapy (Edmiaston & Fitzgerald, 2000; Ridley, McWilliam, & Oates, 2000). Therefore, it is important to understand the context of the community in which the study will take place. At this time, there is no available data indicating what preparation, supports, and assistance teachers receive in this rural county in order to work with children with disabilities and make inclusion successful.

A county in the southeastern United States was chosen as the site for this study. This county is identified as one of the 85 rural counties in North Carolina by the N. C. Rural Economic Development Center. The child care centers participating in the study were located in areas with fewer than 2,500 people and were not adjacent to metropolitan cities as defined by the Rural Information Center (U. S. Department of Agriculture, 2005). According to the U. S. Census Bureau, the total population of the county is 130, 454 with 165.69 persons per square mile. Table 1 gives information regarding gender, race, and education levels.

Information from Economic Development (2005) indicates jobs available in the county include government, forestry, fishing and hunting, manufacturing, wholesale and retail, food service, public administration, arts and entertainment, transportation, real estate, utilities, construction, and educational services and there were 1,583 farms in 2002.

Table 1***Demographic Data***

Demographic data	Percentage
Gender	%
Male: 64, 492	49
Female: 65, 962	50.6
Race	
White: 116, 370	89.2
Black or African American: 7,342	5.6
American Indian/ Alaska Native: 582	0.4
Asian: 830	0.6
Native Hawaiian/ Pacific Islander: 21	0.0
Other Race: 3,932	3.0
Two or more races: 1,377	1.1
Hispanic or Latino: 8,646	6.6
Education Levels	
High School Graduates/GED: 31,160	35.6
Some College or Associate degree: 20,350	23.3
Bachelor's degree: 7,092	8.1
Master's, professional or Ph.D.: 2,589	3.0
Source: 2006 ePodunk Inc.	

In 2004, 71,970 residents were employed; however, two major manufacturing companies closed in 2004. There were 314 total layoffs reported at that time and four remaining manufacturing industries continue to employ many residents of the county. Other employers are the county school system, local hospital, city schools, Wal-Mart Assoc. Inc. and the local community college. These employers provide the majority of jobs in the county (North Carolina Department of Commerce, 2005).

According to 2006 county data from Partnership for Inclusion's Child Care Resource and Referral, there are 414 childcare teachers in the county. The age range for teachers and assistants is 18-70 years and 99% are female. This county's Partnership for

Children reports there are 94 child care facilities, including Head Start, school-based, religious sponsored, non-profit programs, after-school care, home care, and for-profit centers.

Twenty-six centers are licensed, for-profit, with varying star ratings. In North Carolina, the Department of Human Services Division of Child Development provides a star rating system to indicate the quality of licensed child care programs. The child care centers in this county are currently using the following rating system in order to meet the January 1, 2008 standards (personal communication, Day Care Division Consultant). The star rating system requires child care centers have a compliance history of at least 75%. This means centers must comply with basic state sanitation and health standards and discipline policies. Up to seven points can be earned for program standards such as ratios and space requirements and another seven points for staff education. Additional quality points can be earned by voluntarily lowering ratios and meeting additional education and/or program standards. The higher the point ratings, the higher number of stars a center receives. A five star center is considered highest in quality according to the State accreditation system (Department of Health and Human Services, 2005). Table 2 indicates the star ratings for this county.

There are 54 community colleges in North Carolina with one located in this county. The Local Community College offers certificate programs (18 semester hours of education courses); diploma (40 semester hours of education, general education and student teaching experience); and an associate's degree (64 semester hours) in early childhood. In particular, they are responsible for providing coursework for the Child Care

Credential which is a state requirement for lead teachers in child care centers. This Credential consists of 64-clock hours of coursework in which training is workshop-based and covers topics such as child guidance, safety and nutrition, quality environments, and professional behavior.

Table 2

Star Ratings

Number of for-profit centers Total =26	Star Ratings
2	1
1	2
13	3
6	4
1	5
3	Temporary or provisional licenses (recently applied for star rating)

Source: Child Care Resource and Referral, January 2007

Research has found that higher education is key for quality care (Howes, 1997); however, only 49 out of 414 teachers in this county reported earning an Associates Degree in Early Childhood. One hundred seventy-eight lead teachers have earned the North Carolina credential certificate, and 18 teachers reported earning a Bachelor's degree or higher in Early Childhood (Child Care Resource and Referral). Data indicate that the majority of teachers do not complete a higher education program.

Teachers are afforded multiple opportunities for receiving training in this county. Training opportunities in addition to community colleges are provided by other agencies such as Partnership for Children, Cooperative Extension, and the Health Department. Partnership for Children, a local Smart Start agency, sponsors workshops for child care staff and directors on program standards, First Aid and CPR, discipline, and sudden infant death. Cooperative Extension offers parent education, nutrition and health workshops, and Basic School Age Care training. The local Health Department representatives visit child care centers to provide assistance and training in hand washing procedures, head lice eradication, and other health and safety matters. None of these agencies have provided training for working with specific children with disabilities in the classroom. Community colleges offer training in all classes for respecting diverse populations and information about various disabilities; however, research shows that specific training with children in a provider's care is needed for successful inclusion (Espinosa et al., 1998).

Educational, occupational, physical, and speech therapists are serving children with disabilities in childcare, but it is unclear whether teachers and therapists collaborate, share information, or provide technical assistance. Specific training, technical assistance, and collaboration with teachers as part of the intervention team are important for quality inclusion; therefore, this study will examine the support and training needs perceived by preschool teachers in this county's for-profit, inclusive childcare settings using a qualitative, case study design.

Participant Selection

Participants for this study were five preschool lead teachers working in rural, inclusive child care classrooms. For this study, inclusion is defined as children with diagnosed disabilities participating fully in child care classrooms with children who do not have disabilities. The inclusive classrooms were located in one star or above, for-profit child care centers. The classrooms served children with an age range of 3 to 5 years old, with at least one of the class members having a diagnosed disability or developmental delay as identified by an Individualized Education Plan. There were seven centers that met the criteria for the study. Five directors and teachers agreed to participate.

In order to access teachers in inclusive preschool settings, the researcher made phone contact with center directors to explain the study and its purpose, as well as to identify centers that had inclusive preschool classrooms. One child care center at a time was contacted until one teacher per center (for a total of 5) and five directors agreed to the research study being conducted in their center and five teachers agreed to participate. Directors who volunteered to participate in the research study were asked to give contact information for teachers who were willing to participate. After this information was gathered, teachers were contacted at their center by phone, the study explained, and teachers asked for their willingness to participate in the study. Written permission was obtained from center directors during a face-to-face visit at their convenience (see Appendix F). Written permission was obtained from teachers who agreed to participate in the project during the first meeting and before the initial interview began (see Appendix

G). At this time observation sessions were scheduled and Parent Notification forms were provided to the director to post. Because teacher interactions with children were observed and confidential information about children with disabilities in the classroom might be shared, parents were notified of the observation. A Parent Notification of Classroom Observations Form (see Appendix D) was posted one week ahead of the observation date.

Credibility

In qualitative research, triangulation of data is critical in addressing the credibility (accuracy of information and its consistency with reality) of a study (Lincoln & Guba, 1985). Triangulation consists of using different data sources of information, examining evidence from the sources, and using the information to build a coherent justification for themes (Creswell, 2003). In order for data collection to be effective, multiple sources of evidence are used to support the findings (Yin, 1994). Multiple sources used in this study were teacher interviews, director interviews, teacher observations, and written field notes (see Figure 1).

Member checks were conducted on the audiotaped and transcribed teacher and director interviews. These checks were used to determine the accuracy of the qualitative findings by giving transcribed interviews to participants to determine accuracy (Creswell, 2003). Changes were made based on the participant's feedback to ensure accuracy.

After interviews, transcription and member checks were completed; a second reader reviewed emerging themes. The researcher and second reader compared emergent and overall themes with discussion of any discrepancies until agreement was reached. Upon agreement from the two, overall themes were confirmed. Using a second reader is

one of the main methods used to avoid threats to interpretation (Maxwell, 1996) and requires the researcher to demonstrate they have represented the findings and interpretations accurately (Lincoln & Guba, 1985).

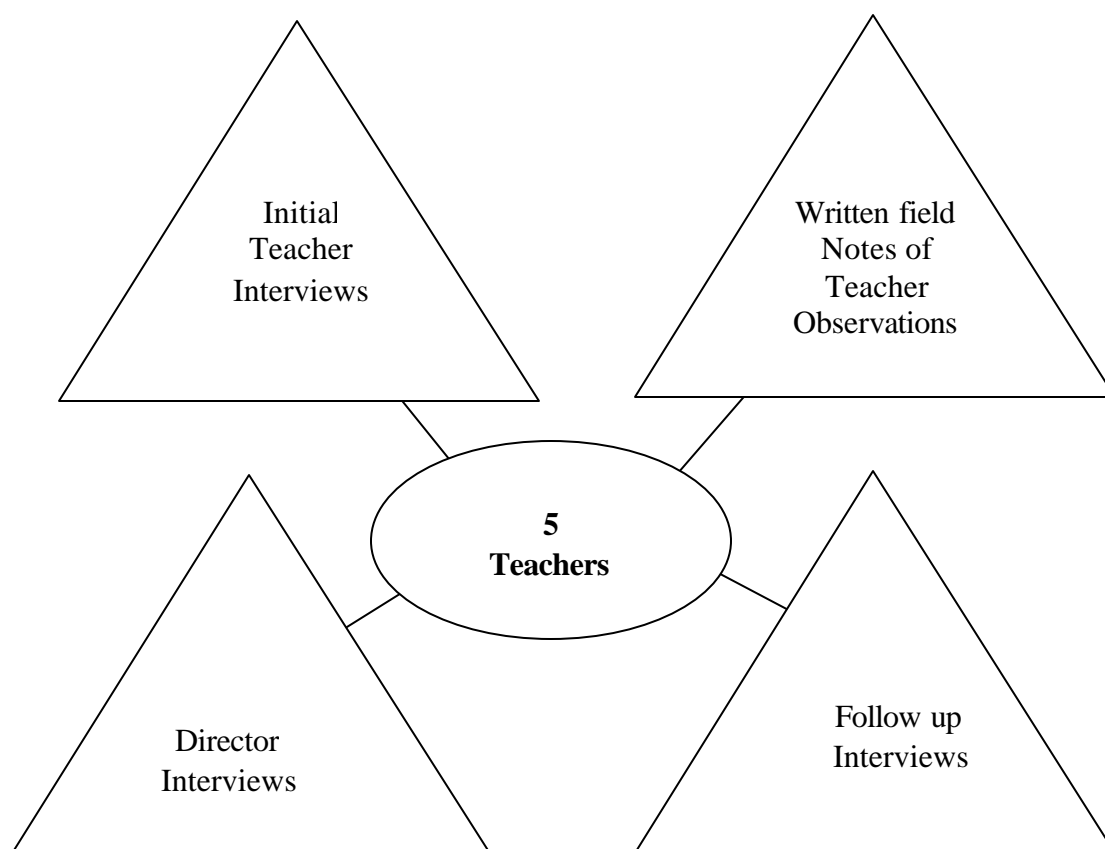


Figure 1. *Triangulation Diagram*

Written field notes were taken during center and free play activities and emerging themes identified. A second reader was again used to review emerging themes and the researcher and second reader compared and discussed these themes. Any discrepancies

between the researcher and second reader were compared and discussed. Upon agreement from the two, themes were confirmed.

Data Sources

Qualitative researchers are concerned with how people make sense of their lives and experiences. The qualitative process allows for discovery of insights and interpretations from multiple sources. In order to accurately collect information needed for this study, five data sources were used for this project: (a) initial individual interviews with five lead preschool teachers in child care centers, (b) classroom observations in the inclusive classrooms of the five teachers and field notes, based on the classroom observations, (c) follow-up interviews with teachers after observations, and (d) interviews with center directors.

Interviews

During the interview process, the researcher is the primary instrument for data collection and analysis, and is interested in meaning and understanding gained through words, rather than through inventories or questionnaires (Merriam, 1988). Qualitative interviews are much more like purposeful conversations (Marshall & Rossman, 1989) and are one of the most important sources of information when examining phenomena (Yin, 1994). Because of the importance of this data collection method and comfort of participants, teacher interviews were held in convenient locations at times designated by the participant. It was important for teachers to be comfortable during this process. The researcher asked specific questions in order to gather demographic data and information about teacher background at the beginning of the initial interview. Demographic data

were audio taped at the beginning of each interview in order to acclimate the participant with the use of a tape recorder, begin to build rapport, and to keep from missing important information if they elaborate during the process. The following questions were asked to gather teacher information. Questions were piloted Spring 2005 (McCurry, 2005).

Demographic data.

- What is the star rating of your center? What is the point distribution of each area?
- (Gender information will be recorded)
- What is your educational level?
- Where did you receive your credential, certificate, diploma, or degree(s)?
- Do you have a teaching license?
- How long have you been working in child care?
- How long have you been working with children with special needs?
- How many children with identified disabilities are in your classroom?
- What are their identified disabilities?
- What kind of services do they receive?
- Have you seen their Individualized Education Plan (IEP)?
- Do you know what goals these children need to achieve according to their IEP?

Interview questions. Open-ended questions were used to identify teachers' preparation to work with children with disabilities as well as types of support received to

make inclusion successful. Guiding statements were asked to examine training and support needs and probes were used to extend the conversation in order to discover if teachers had received information about children with disabilities in their care by asking the following questions:

1. Tell me how you include children with disabilities in your classroom. (Probes: How did you learn these strategies? Which strategies are more successful? Why?).
2. Tell me how you were prepared to work with children with disabilities in your classroom. (Probes: What kinds of information did you receive from your director? From parents? From therapists serving the children? Are there other places you received information? Websites, books, or workshops?).
3. Tell me about the types of training you feel would be necessary to successfully include children with disabilities in your classroom. (Probes: Have you had training from therapists serving the children in your care? Are workshops or classes available that provide information about the children in your care? Anything else? Online learning?, College courses? Are there incentives to help you access training such a monetary incentives? Are you aware of any incentives? Do you access them? Why or why not?).
4. Tell me about the type of support that you have received in order to make inclusion successful in your classroom. (Probes: Have you received information from parents that help you work with the children with disabilities in your care? How does your director or other teachers help you better

understand how to work with children with disabilities in your classroom?

How would you define support? Training? Personnel? Information?

Materials? Resources?)

5. Tell me how placements for a child with disabilities in your classroom would be more successful. (Probes: Do you need additional support from your director, parents or others involved with the children? Would more materials be helpful? Would additional training and education help you provide better care?).

Individual interviews lasted approximately one hour and were audiotaped and transcribed. Participants read each transcription to check for accuracy. Member checking was used to determine whether the participants felt that interviews were accurate by allowing subjects to review their transcripts (Creswell, 2003). This process required the researcher to represent findings and interpretations accurately (Lincoln & Guba, 1985).

Observations and Field Notes

Most qualitative studies in education are characterized by observation and taking of extensive written field notes. Researchers want to know the way things are in their natural context (Gay, 1996) and to confirm consistency between interviews and actual behavior. Because this is such an important source of evidence in qualitative research (Yin, 1994), the researcher physically goes into the setting to observe and record behaviors that reflect the participants actual need for training and support rather than relying on just their words (Merriam, 1988). Behaviors are an outward display of a person's actual attitudes toward certain events and are consistent across a variety of

situations (Horne, 1985). In order to focus on congruence between classroom behaviors and interview information from teachers, the researcher observed each teacher for two hours in their classroom reflecting consistency between successful inclusion and data from interviews.

Observations were scheduled during center play. In one case the children were observed during outdoor free play. The researcher watched teacher behavior in an unobtrusive way. Field notes were made during the observations to make objective, running records of interactions and events which occur in the classroom. According to Kleinman and Coop (1993), field notes are written to identify and capture the thoughts and feelings the researcher has about the observations and situations. These reflective notes provide a context for the researcher to remember situations, key issues, and add clarification to the observations.

Follow-up Interviews

Informal interviews and conversations are typically interwoven with observations (Merriam, 1988). Interviews with teachers about their interactions in the classroom after observations adds new perspectives and insights into teachers' perceptions of their world (Bogdan & Biklen, 1992). For this project, follow-up interviews were conducted in a convenient location and time for the participants after classroom observations. The interviews were audiotaped and transcribed to clarify any questions or lack of congruence related to observed behaviors. The teachers were asked about specific occurrences in the classroom in order to expand on their actions. Transcriptions from these interviews were checked by participants for accuracy (member checks). Follow up interview questions

were individualized for each teacher based on observation. A complete list of those questions can be found in Appendix A.

Director Interviews

Research indicates that administrator support is necessary for successful inclusion (Diamond et al., 1994; Edmiaston & Fitzgerald, 2000; Lieber et al., 2000). Child care directors enroll new children in the center and are the first contact for parents, therapists, or others involved with each child. Directors were interviewed in order to clarify the types of support provided to teachers in ensuring quality inclusion. Support not only included information, materials, and educational opportunities, but the time to participate in the research study. Interviews were audiotaped and transcribed. Transcriptions from these interviews were read by participants for accuracy (member checks).

Open-ended questions were used to identify directors' support and assistance provided to teachers as well as types of support they receive in order to make inclusion successful. Probes were used to extend the conversation:

1. When children are enrolled in your center, who informs you about the child's special needs and services they receive. (Probes: Have you had contact with therapists that help you work with the teachers in your center? What kind of information do you receive from parents that help make inclusion successful? What about Early Intervention or the school system? How is information conveyed to the teacher?)
2. Tell me about support teachers receive in order to make inclusion successful in your center. (Probes: Have teachers been encouraged to attend workshops

to help them understand specific disabilities? Have teachers been provided time and encouragement to return to college? Any incentives provided? Release time? Monetary incentives?)

3. Tell me how placements for a child with disabilities in your center would be more successful. (Probes: What is your experience in working with children with disabilities? Has anyone helped you better understand how to work with children with disabilities to help make inclusion successful? Do you use resources such as consultative services? Online training, college courses, workshops?)
4. Tell me how your child care center is affected by being located in a rural area? (Probes: Do you feel isolated? Do you feel services for the children are accessible?)

Because the director is the first contact for enrolling children in the center, it is important to gather information regarding their knowledge of children with special needs in their care, whether they receive information about the services a child receives, and if they communicate this information with caregivers. The child care director is the liaison between parents, therapists, and teachers.

CHAPTER IV

RESULTS

Data Analysis

According to Yin (1994), data analysis consists of examining, categorizing and consolidating the evidence. Data analysis is the process of making sense of, and arriving at a reasonable conclusion from available data (Merriam, 1998). The data in this case study was analyzed through a process of identifying and categorizing patterns called Content Analysis (Patton, 1990). Each component of collected data was read many times to gain understanding of words, thoughts and meanings. After data were synthesized into similar ideas and concepts, a content analysis was conducted to find similar themes with each case.

The content of interviews, observation field notes and follow-up interviews were analyzed in two phases. Phase I: Individual Case Analysis – Data sources are analyzed individually, presenting **emergent themes** for the five preschool teachers. Phase II: **Overall themes** were reported as they relate to how teachers are prepared to work with children with disabilities in their classrooms; and what kind of support they need in order to make inclusion successful.

The data were integrated by identifying similar themes from each source. Since narrative text is the most frequently used for display of qualitative data (Miles & Huberman, 1994), each case will be presented individually in narrative form to support

overall themes. Quotes from teacher interviews, notes from teacher observations and quotes from director interviews were presented in narrative form in order to demonstrate consistency and credibility. A second independent reader was used to look for emerging themes and the researcher and second reader compared and discussed the emergent and overall themes. If there was disagreement, transcripts were read several more times and discussions were held until a consensus confirmed overall themes.

Individual Cases

The individual cases of each preschool teacher working in for-profit, rural child care are discussed in the context of their own experience with inclusion and described by emerging themes supported through each teacher's initial interviews, classroom observations and field notes, follow-up interviews and director interviews. The findings from the data are presented in two phases. Phase I: Emergent themes are identified for all five teachers individually. Phase II: Overall themes across all five cases will be reported as they relate to how teachers are prepared to work with children with disabilities in their classrooms and the kind of support they need in order to make inclusion successful. Each phase will be discussed separately.

Phase I

Five lead preschool teachers in licensed, for-profit, inclusive, child care classrooms in a rural county participated in this study: Peggy, LaShea, Yazmin, Tiffany, and Sheila (fictitious names were used). The initial interviews, classroom observations and field notes, follow-up interviews and director interviews were analyzed and themes

emerged. A brief description of each teacher is included to provide a context and individual themes with data sources are discussed.

The centers in this study are located several miles off highway exits on small country roads. They are set on road front property for easy access to parking and entrances. There are small well kept houses placed intermittently on the road near the five and one star facilities. The four star center is adjacent to a new neighborhood of very large homes. The rest of the property around this center is farmland. The two three star centers are in areas where there is a scattering of well kept small homes and trailers and a few poorly kept homes and trailers.

Case I: Peggy. Peggy teaches four and five year old children in a five star center. The child care center in which she is employed is relatively new and is considered one of the best in the area. The center serves children age birth to twelve and the capacity of the center is 125 children. Visitors must enter a lobby and may not enter the main building without a staff person in the office unlocking the keypad doors. Parents have entrance codes so they can drop off and pick up their children. There are cameras mounted in the classrooms so parents can watch their children throughout the day. Even with the extra security measures the environment feels comfortable as well as secure.

There are 12 children enrolled in Peggy's classroom, and she is the only teacher in the room. During the classroom observation it was noted that the classroom was clean and arranged so children have access to materials on low shelves that divide each activity center. There is an attached private bathroom and sink for children to use. The child size furniture is arranged so children can play in different areas in small groups or

independently. There are five main centers (art, science, blocks, housekeeping, manipulatives) but many additional materials are available for children to take to various areas of the room to enhance their play. The front of the room is set up with child size round tables and chairs labeled for each child. The children use this area for snack, art and for other activities they choose. A sink and counter top are also in the room for teacher use. Another child size sink is near the door and art area for hand washing and clean up. The children are actively engaged and verbal when at play.

The director greets me warmly and provides a private space for Peggy to participate uninterrupted. She also provided a substitute teacher for Peggy's classroom during the interview session. The initial interview was conducted at the child care center in a small isolated room. Peggy is a middle aged, soft spoken woman. She speaks quietly, quickly and gets to the point. Peggy is married and has two grown children. She explained that she has a Bachelor's Degree in Early Childhood Education, a teaching license and some coursework towards a Master's Degree in speech therapy. She has worked in child care for five years and also worked in the public schools with children who had a variety of disabilities from mild to severe. One child in her classroom has an IEP and Peggy is aware of the goals Tad (the child with disabilities in her classroom) is working on but she has not seen the document.

Three themes emerged from the analysis of the data sources: (a) "I usually initiate the conversation"; (b) Peggy uses various strategies to help Tad communicate; and (c) "It would be nice to have another adult so you could work more closely with the disabled

child.” Each of these themes will be discussed and supported with evidence from data sources.

“I usually initiate the conversation.”

Several data sources indicated that both Peggy and the director initiated conversations with the parents as well as other professionals. They expressed some frustration in not having enough communication with the therapists but felt the parents were more forthcoming when they were asked about their child’s needs. For example, during the initial interview Peggy was asked about the goals the child with a disability in her class needed to achieve according to their IEP Peggy responded,

I had some concerns about his (Tad’s) speech and asked the parents about that. He had had previous speech therapy but that speech therapist had said they had gone as far as he could go so his parents had him retested and he receives services now.

If Peggy had not initiated the conversation with Tad’s parents, she would not have known about previous services. Because of her desire to help Tad the parents pursued a speech therapy evaluation for him. Later in the interview she added,

The director didn’t know initially that the child had disabilities and the parents didn’t share that information. After I asked the parents about him and they told me what had been done (testing completed previously) and they had him retested.

During the observation no interaction with therapists was observed. A parent came early to pick up her child and Peggy initiated a conversation about the child’s day. During the follow-up interview Peggy referred to conversations that she initiates with the

therapist. When asked how long the conversations between she and the therapist last she replies,

Just a few minutes when she brings him back and sometimes when she picks him up and takes him out but that's usually the case. Usually when she brings him back we'll stand there, (she points to the door) right there while I'm watching the other children and talk. I usually initiate the conversation.

The director's interview is conducted in an empty classroom. She informs me that the children are on a field trip and this will be a quiet place to talk. She is petite, perky and speaks quickly. She has an undergraduate degree in Child Development and worked as a Quality Improvement Specialist for a state child care agency before starting her own center. She shares information easily and after the interview complains, "I say um way too much!" and laughs.

During the director's interview there is no mention about teachers initiating conversations but she does discuss how she is informed about the child's special needs and services they receive. These quotes indicate the importance of initiating contact.

The parents do (initially inform her) and until recently we weren't getting a lot of feedback from the therapists that came in, so a couple of months ago I had to ask one of the supervisors to send us the IEPs and what was going on just so we could have current information. I really feel like there needs to be more interaction.

Later in the interview she mentions, "There's a part of the application that they can describe that and if they're receiving some type of therapy or will be, they'll tell us verbally but beyond that it's whenever we ask for it from the therapist."

She describes her own communication initiation as well and sounds very frustrated while doing so:

I think communication just needs to be enhanced. I had to actually stop some of the therapists and introduce myself and ask who they were here to see. I think we need some upfront information from the therapists and have a file on each child and not have to ask for it or try to track somebody down.

This director is very concerned about the lack of communication between teachers, parents and therapists and wants to meet the needs of the children in her care. Peggy is also concerned about this lack of communication and if she is not informed, she seeks the information from the source.

Peggy uses various strategies to help Tad communicate.

Peggy discussed a variety of strategies to help include Tad. She begins by mentioning that she “treats him like the other children” but her descriptions indicate she uses many methods to help him communicate that she does not use with all the children. She also informs the researcher that she has experience working with children with disabilities and some education in speech pathology. During the initial interview when asked how Peggy includes children with disabilities in her classroom she replied,

I pretty much just try to treat them just like the other children. He (Tad) plays just like the other children. I try to draw him out by letting him try words and I never say ‘that’s wrong.’ I try to pay attention to what he’s saying.

During the classroom observation Peggy’s rapport with the children is relaxed and calm. She demonstrates in many ways her concern for the children in her care. Tad is

included in everything but she takes more time with Tad to help him with his communication. Here is one incident that happened during an observation.

Tad finishes snack then calls loudly, “Smith, my tummy is still growling.” She moves closer to him and asks; “Are you still hungry?” he nods. She asks if he would like a blue breakfast bar, he nods again. After finishing the rest of his snack he blurts, “You know what they serve at Chick-Fil-A?” Then very slowly through each word in a low almost robotic voice he says, “Or-ange juice in real car-don.” Peggy again gets close to his table, makes eye contact and asks, “Orange juice in a carton?” He repeats, “In a car-don.” She asks, “Do you use a straw?” He doesn’t answer her immediately then she says it again slower and using her hand to demonstrate then he enunciates “Yes.” Peggy gets close to him, repeats his words then helps lead his language back to what is going on in class. He is a pleasant, sweet child and it is clear that Peggy takes extra time without hovering, she helps him with conversation appropriately without cutting off continued speech, and she waits to see if he can be successful entering play with others before intervening. Peggy uses language throughout the observation with all the children such as “How can we solve it?,” “Nice work,” “We are all friends in this class so how can we use nice words to explain?” She uses please and thank you, and asks children for suggestions about working together. Peggy gets on children’s eye level, speaks clearly and is patient in waiting for verbal responses. She does spend more time helping Tad with language and uses more prompts to help him initiate play with others.

During the follow up interview she was asked to talk about her experiences with Tad. She responds, “This is my second year with this child . . . He is really so sweet and I

show him respect and appreciate him. He's learned to trust me and that helps him when he's trying to talk."

Peggy shows respect for the children, models appropriate behaviors uses language to help children better communicate with each other. Tad is included in all the activities but she treats him differently because he needs more support in entering play and is working on developing language skills.

"It would be nice to have another adult so you could work more closely with the disabled child."

Peggy has indicated in a previous theme that she has little time to talk to therapists. She is the only teacher in the classroom and works hard to meet the needs of twelve children on a daily basis. During the initial interview Peggy referred to how her contact with the therapist is hindered because she is alone with the children. "The contact I have with the speech therapist is really quick because I'm still in the classroom working with the children. We still try to talk one on one."

She continues to elaborate after being asked how placements for children with disabilities could be more successful. Peggy responded, "It would be nice to have another adult (in the classroom) so you could work more closely with the disabled child."

During the classroom observation there were 11 children present. They range in age from 4 to 5 years. A few children are getting up from nap, going to the bathroom, washing their hands without being asked or reminded. Peggy says, "Good job" as the children get up independently, potty and return to mats to play while other children wake. Peggy places books, toys or puzzles on their mats while they wait for other children to

get up from nap. Tad (the child with disabilities in the classroom) lies very still on his mat with his eyes open and Peggy goes over to gently rub his back to let him know it's time to get up and potty. He waits a few more minutes, sits up and plays with the foam puzzle pieces Peggy left at the end of his mat. He calls her, "Smith" (the other children call her Mrs. Smith). He does not get up to potty but shows the puzzle pieces he's using to build a structure. Peggy walks over to him makes eye contact and squats on the floor beside him. They talk quietly then she returns to hang children's artwork on the walls so she can set up snack on tables. Another child wakes whining and has apparently wet her bed. Peggy stops what she's doing and discretely gets the child clean clothes, sends her to the restroom and cleans up the mat. While she is cleaning the mat another child begins to cry for her shoes as she wakes. Peggy is wiping down the mat so she talks sweetly to the child and asks the child questions to help her find her shoes. As she is putting up the clean mat a little boy wants her to look at his hat. She asks him nicely to "wait just a moment because I would love to see your hat." She washes her hands, puts on gloves and serves snack to those who are ready.

While observing it was clear that Peggy was very competent at classroom management but transitions were very busy, making it difficult for her to address each child's needs. Peggy has little time to respond to the questions of one child before others need some assistance or special interaction. She made every effort to spend time with individual children but could not spend long with each child. If she had another adult in the classroom she could spend more time talking to parents and therapists as well as giving more attention to children.

The director reflected Peggy's concerns about another person in the classroom. When asked how placements could be more successful she talks about more time to meet with families and then rhetorically asked herself, "Do we need an extra person in the classroom . . . ?" She did not answer her own question but went on to explain further.

It's not always successful to just put a child with special needs in a classroom if it's a group setting of 12 and they have needs beyond what can be reached in a group setting with 12 children and one teacher . . . we don't turn away children with special needs, we don't receive many applications from families with challenges beyond speech.

Both the teacher and director directly expressed concerns about meeting the needs of all the children when a child with disabilities was placed in the classroom. It sounds like this director feels an extra adult is needed if a child has more severe disabilities but does not indicate an extra adult is needed on a daily basis.

Case 1 summary. This discussion of Peggy's preparation and support to work with children with disabilities in her inclusive classroom has centered around three themes that emerged from the analysis of data sources: 1) "I usually initiate the conversation"; 2) Peggy uses various strategies to help Tad communicate; 3) "It would be nice to have another adult so you could work more closely with the disabled child."

Peggy is a skilled teacher with education and experience. She exhibits behaviors that encourage speech and interaction between children. Her initiation of communication with parents regarding Tad's speech has helped him receive needed services. The director of the center refers to her as a "wonderful teacher" and Peggy refers to the director as "a

model director.” The two women have excellent rapport and demonstrate behaviors that show professional respect of one another.

Case 2: Lashea. Lashea teaches three-, four-, and five-year-old children in a three star center. The center serves age birth to twelve with a capacity of 99 children. There are currently 14 children enrolled in Lashea’s classroom and she is the only teacher. The room is large and has a variety of materials but they are worn and the room looks old. There is a small potty in a stall at the back of the room beside a hand washing sink for the children. There are child sized furnishing throughout the room and low bookshelves enable the children to access the materials for each center. Activity centers include housekeeping, blocks science, art, books and manipulatives. There are two older computers in the room with children’s game software for the children to use.

The child care center is in an older building that was renovated for a center twelve years ago. There is a large school age room at the entrance with five foot shelves dividing the space from the main hall. Lashea’s class is located in an isolated room behind the school age room and a bathroom is in the hall. The other classrooms are down a short hall toward the office area which is just outside the kitchen. The walls are freshly painted but the carpet and materials look worn in the classrooms. There is a small eating area where snacks and meals are served. There is a large outdoor area accessible from the main entrance and a back entrance. The play areas are divided for each age group.

The initial interview and follow-up were conducted at the local community college. Lashea felt that the noise at the center would keep us from being able to talk and the college is close to her home. Interviews were conducted after work. Lashea has her

credential certificate, Basic School Age training (BSAC) and her School Age Credential. She has a high school diploma, has attended the local community college for additional coursework and cooperative extension for BSAC training. Lashea has seven years of experience in child care and has been at this three star center since she began working in childcare at age eighteen. She is a lovely young woman with a soft southern accent.

Four themes emerged from the analysis of the data sources: 1) “I’ve never had any extra training but I’d love to!”; 2) “I usually don’t get help at all”; 3) “Every kid needs somebody they can look up to...I want to be that person for them”; 4) “Because of confidentiality between parents and therapists, the therapist doesn’t share information unless it’s something to do with helping in the classroom.”

“I’ve never had any extra training but I’d love to!”

Lashea has taken some college courses in early childhood but has had no extra training in working with children with disabilities. During her interview, every time the subject of more education and training came up or a new piece of information, Lashea’s face brightened. She shares at one point that she wants to major in Early Childhood but her boyfriend says, “There’s no money in it.” This is a young woman who really wants to attend school but needs support to do so. She lives with her boyfriend and has a young son. After the interview she discussed the possibility of returning to school and she asked about financial aid options.

During the initial interview Lashea begins to talk about her desire for education and training. Her statements indicate she is aware of how much she needs to learn

Nobody's ever really sat down and said, 'you need to be this way.' I want to help them (the children) you know, so um, I'll sit them down sometimes during play time by themselves and we'll go over things. Uh, you know, a little extra further than I would with the other kids but I've never had any extra training in that but I'd love to!

Lashea informed the researcher that she has two children with identified disabilities in her classroom. When asked if she had seen their Individualized Education Plans she did not know what an IEP was. After explaining she exclaimed, "I haven't seen that! I didn't know we could see those. What's it called again?"

Lashea expresses what would be most helpful to her in pursuing extra training. When asked if she received information from other sources, she refers to workshops and the credentials classes she attended.

Um, I think workshops and stuff where we start talking um, amongst teachers, that gives a lot of information. Um, my child credentials we spoke about that in class you know uh, amongst the teachers and stuff. That's the best information I've gotten how to deal with these children. I've had a couple of college courses and they help too.

Lashea discusses that she needs more information in order to better include children with disabilities. When asked about the types of training needed she replied,

I would love to um, learn more on uh, how they (the children) learn best, and how, what motivates them, um, I don't know, I guess just learning about their problems and stuff. And um, I don't know . . . how to deal with those, you know and what helps them keep their focus.

Her frustration in her ability to meet the children's needs is expressed as she continues.

I don't know. I just, I think I'd like to learn more about their problems and where it comes from and how to help so I can be a little bit more wise and help...some things I really don't know what to do for them because I'm not familiar with their disability, where it comes from, how I can help.

When asked how she was prepared to work with children with disabilities in her classroom she replied, "Uh, I was never prepared. That was just something we had to learn on our own." She later adds, "I was never prepared but I know I needed to work extra for them (the children)." This also demonstrates Lashea's interest in desiring more information about working with children with disabilities.

Lashea gets excited again when she thinks there might be some extra training available. When asked about workshops she's had to help her work with children with disabilities she replied, "Um, I've never heard of any. Do they offer more information about these children that need extra help!?"

During the observation Lashea shows that she has found information to better work with the children in her care. She quietly points out that there are three children in her class that day that "need extra help." One child is a three year old with behavior problems, one only speaks Spanish and another child receives speech services. She uses Spanish words with one child and hand gestures to communicate. Even though there are 12 very busy children in the classroom that day, she spends extra time helping the three year old with toileting needs and exclaims, "You stinkied in the potty!" after he finishes. He emerges from a very small stall area in the room grinning broadly. She says "He does so good in here, he's such a good boy." The child that receives speech therapy is mumbling and rocking back and forth while watching two other children at the computer

area. Lashea squats in front of him and tries to make direct eye contact. She asks him, “Would you like to play in the block area?” He blinks his eyes slowly and deliberately as he looks in her direction and says, “Yes” enunciating very carefully. He goes to the block area and plays with a Fisher Price character and mumbles unintelligibly to himself.

Because Lashea uses Spanish with one of the children, the researcher inquired about whether she received additional training for this. Lashea taught herself and was very resourceful in obtaining information from multiple sources.

Um, the Spanish, you know, you have to communicate. This little girl came into my class without knowing one word of English and I immediately got all the Spanish books at the library and I got her mom to run me off some copies of main sentences so I can talk to her. I picked up on those and just studied that by myself.

The center director also expressed interest in further education for the teachers. Her interview was conducted at her desk in an area beside a kitchen. While walking in the direction of children’s voices I saw the director. She assumed I was a therapist and said, “Hey. Who do you need to see?” She waved me in so I could get one of the children for therapy. After informing her of my identity she led me to an area beside the cafeteria with a large desk in order to sign consent forms and leave parent notification. The director is a tall, dark featured woman. Her desk is covered with papers and she looks tired. She has a high school diploma and has taken some college courses. She speaks in a quiet, assertive tone. She answers the phone twice during the interview and near the end of our conversation the kitchen becomes very loud while cooks are preparing lunch.

The center director indicated the importance of teacher training during her interview but felt her staff was more interested in lesson planning activities rather than other training. She is asked about support teachers receive for successful inclusion.

As far as workshops, if there are some available you know . . . then by all means. They'd (the staff) rather have something with lesson planning help. There are not a lot of inclusion workshops out there. Off the top of my head I can't even remember one.

When asked if time and encouragement are provided for education she responded, "You know, I do encourage the girls to go to college and that's a personal choice." Later the director mentioned training as important for the teachers when she was asked how placements could be more successful for children with disabilities. "You know, mostly I think training. Maybe more specific not just in general inclusion but broken down on specific needs . . . not just a group going to the community college type session maybe one on one, someone to come here."

She discussed funding as being an issue but she was willing to pay a trainer to come to the center for a couple of hours. "As long as I feel like it's something that benefits the quality of service my staff could provide . . ." Later in the interview she confirms her hesitancy in sending staff to workshops because she feels they do not address her teachers' needs:

You know if there's a workshop or something that will benefit us then certainly great but a lot of times, if it just ends up being a talk session. You know . . . um, so sometimes by choice, I choose to isolate and gather our resources for materials and information that you know a little more you know things just end up being gappy.

It seems the director wants to control the type of topics discussed during training. She expresses her desire to get extra training for her staff but wants to isolate the teachers from outside ideas. Lashea, on the other hand, wants to take classes and attend workshops that become “talk sessions.” She wants specific information about children with disabilities and never mentions that she wants to attend workshops on lesson planning.

“I usually don’t get help at all.”

Lashea states she has director support yet mentions several instances where she could use more information and help. As she described the help she gets from others at the center, she hesitates to say negative things but indicates she wants to stay to herself. When asked about support and information she receives about children with disabilities she replied, “About the special needs children? No, I really don’t get help with that.” When asked about director support and other teacher support she replied, “Um, my director is very, she helps me understand more than anything. I really don’t talk to the other teachers much um, because I’m on the other side of the building and I just stay to myself more than anything.” Lashea views support as “encouragement.”

The director, anytime I need help (hesitates) um, she’s always got good points about, (hesitates) she’s very experienced so (hesitates) um, if I need help with uh working with a child that child I would ask her and she tells me something else I could try but I haven’t thought about it . . . I do need additional help from my director, she helps me a lot.

Lashea discusses the type of help she could use in her class and why she needs this help. When asked if training, personnel or information could help her meet children’s needs she elaborates on the reason why she needs help.

Uh, I wish there was more than just one teacher in there because you have one student that's slower and the, wanting everybody to pay attention but if one student's not catching on, I'd like to be able to pull them aside and help them or just, you know, do something a little extra but if I have no one to help me I can't do that. If I feel like if I had more one on one with that person, with a disability it would help so much, it would feel like they would have a lot more support and help.

During the observation the assistant director enters the room and stands near one of the centers. Lashea has already explained that she needs more help so it is confusing when an additional adult enters the room. While the assistant director was in her class she took the opportunity to go to the block center and work with the child identified with speech delays.

During the follow up interview, Lashea talked about needing more help and support from her director but in the context of having another adult in the room. She elaborated on the theme and confirmed that she doesn't get help at all. "Yeah, I would love to have some help. I feel like one child that has a disability, it's very hard especially when you have 17 other children." When she was asked if she gets help often she shakes her head and replies,

No, that's very rare. The reason why someone come in (during the observation) was because someone was there visiting. They were probably trying to help me 'cause the children act up more when someone else is there. I usually don't get help at all.

Lashea's describes of the lack of help she receives and seems to be reluctant to share her frustration about the director's lack of support. The director's interview

indicates she tries to find help for children with disabilities but she does not mention encouraging therapists and parents to collaborate with teachers.

The director feels that she supports teachers by finding external resources, “Um, you know finding the person that handles it when you want help for children.” She does support higher education “If that’s something they desire (higher education) then yes I want them to have the opportunity.” The director does not participate in TEACH because she feels it “exits teachers out of child care and into the public schools.” She supports training but wants it done at the center so workshops do not become “talk sessions.”

If teachers need direct contact with external resource personnel and need monetary support for education, according to Lashea, she does not receive it at this center. The director has had teachers earn their Associate’s degree and leave her center to work as public school teacher assistants so she is hesitant to provide training for the teachers.

“Every kid needs somebody they can look up to...I want to be that person for them.”

Lashea expressed how important respect and trust is for child/ teacher relationships. When asked how she defined support, she defined it in the context of caring for children. She spoke with such passion as she described her respect for children.

Being there for them, being a person they can trust, um, someone they can be comfortable with and um, know they can learn from them? You know I feel like support is giving encouragement. Maybe that just gives you fulfillment. You know that kid needs, every kid need somebody they can look up to and I feel like um, there’s so many kids that doesn’t have that and I want to be that person for them.

Lashea discussed her desire to help children in her care. She indicates she includes all children in classroom activities. Lashea was asked how she included children with disabilities in her classroom. She replied, “Um, I treat them the same, there’s nothing different. The two I have right now are slower um, get lost when we’re reading a book or going over shapes and um, they’re not always with us but they still are included just like everybody else.”

The classroom observation showed that Lashea cares about the children and treats them with respect. They openly communicate with her and share details about their families and siblings. She praises children by saying, “you did that all by yourself,” “you’re doing so good.” She hugs the children when they want affection and spends individual time as she can. Lashea exhibited appropriate guidance skills, genuine affection for children and knowledge of developmentally appropriate environments for preschool classrooms. The classroom is large and arranged so the children have room to play in groups and independently. There are posters on the walls with alphabet and other information hung at eye level. Self help skills are encouraged. Lashea helps children by pointing out the various centers and the activities they can try and children choose centers readily. She reminds the children about activities they tried yesterday and gives choices. She tells the children how proud she is and why, works with small groups of children and is affectionate, patient and encourages play between them.

In the follow up interview Lashea briefly mentions that she has learned some positive guidance techniques at school. When asked about her skills in meeting each child’s needs she replies, “Praise I learned at the beginning in classes they always said,

‘Praise, Praise, Praise’. So I’ve stuck with that I think if you’re appreciated, you’ll do a better job.”

Lashea previously discussed finding resources to help the child that spoke Spanish. Her motivation to find these resources on her own shows her respect for children. When asked about this she replies, “I want to be on their level and help them get through what they’re doing, feel welcome.”

Lashea’s indicates through words and behaviors how much she cares for children. She has a positive attitude toward inclusion and she truly wants to be a role model for children.

“Because of confidentiality between parents and therapists, the therapist doesn’t share information unless it’s something to do with helping in the classroom.”

This theme is a quote from the director and indicates that she is in control of communications with therapists and parents. This confidentiality is not policy but appears to be practice with Lashea. This seems counterproductive since teachers spend eight to ten hours a day in direct care with children. Lashea indicated the importance of communication with parents and therapists in the context of feeling that she needed much more communication. “The therapist takes them (the children) to a different room. She doesn’t share with me what she’s doing.” When asked where she gets information about a child’s disability she replied,

The parents have never said anything about their disability, not once. Um, I came up and spoke to them, um, saying, you know relaying messages for the therapist but they have never spoke to me. And it may be because they’re shy or because they’re private.

She does not question the lack of shared information or confidentiality issues.

Later in the interview she expresses a need for more information from parents and the director.

I would love for them (parents) to be more helpful. I wish that um, before they even started in our classroom we was able to know and understand their disability before they started. That would help me a lot. If the parent or even the director could let us know.

During the observation no therapists or parents were available to ascertain the type of information that might be shared with the teacher. There were notes on a bulletin board to inform parents about child allergies and schedules for therapy visits. Earlier it is noted that Lashea contacted a parent in order to communicate in Spanish with one of the children in her care. When she initiated this communication, information was shared readily.

When asked about her contact with therapists during the follow up interview Lashea responded that she had “. . . almost none. When they come in, they take the child and they leave.”

The director indicated her openness to help and the information that she, parents and therapists share. The director is “open to any type of therapist coming to our center.” She indicates that she asks therapists to “brief me on how it (the session) went” and “they (the therapist) have come to us and said these are some things you might want to try.” The director’s information sharing with parents and therapists is reflected in the interview. “Um, you know, If they (children) are currently receiving services before they enroll in our center normally the parents tell us.” She states, “You know, normally

because of confidentiality between the parents and therapists the therapist doesn't share information unless it's something to do with helping in the classroom." She talks about her experiences in communicating with parents. "You know, parents are tough creatures. Some parents aren't willing to acknowledge 'my child may need speech therapy' or some other type. Um, you know, some are overly concerned." She adds, "Normally you know, therapists talk to teachers one on one . . ."

This director mentions twice that therapists and parents talk to "us" implying that information is shared readily with teachers yet Lashea is clear that she does not talk to parents or therapists. The director believes therapists talk to teachers but no one has spoken to Lashea about the children with disabilities in her class.

Case 2 summary. This discussion of Lashea's preparation and support to work with children with disabilities in her inclusive classroom has centered around four themes: (a) "I've never had any extra training but I'd love to!"; (b) "I usually don't get help at all"; (c) "Every kid needs somebody they can look up to . . . I want to be that person for them"; and (d) "Because of confidentiality between parents and therapists, the therapist doesn't share information unless it's something to do with helping in the classroom." Based on the interviews and observations it is clear that Lashea and her director have differing views of support. The director views support as workshops at the center and giving information out only when asked for help. It feels as if the director is the gatekeeper for all information from parents and therapists and wants to control any information relayed during classes and workshops. The director says she sees teachers

and therapists talking but mentions confidentiality rules. It was not clear whether she told teachers that they need to go through her for information from the therapist.

Lashea indicates she wants more support from her director and information and support for education would help. Lashea felt the workshops and classes where the teachers talked were most helpful and the director expressed the desire for a trainer to come to her center so classes did not become “talk sessions.”

Lashea is a confident and caring teacher. She is mature, insightful and passionate about her job. She desires more education and information regarding the children with disabilities in her care. There are concerns about the support she perceives her director provides and these will be addressed further in the final discussion.

Case 3: Yazmin. Yazmin teaches the four and five year old children in a four star center. She is the lead teacher; has one part-time assistant teacher and a part-time aid for the child with disabilities in her class. There are 20 children enrolled in her classroom. Yazmin has recently graduated from college and has been at this center for six months. The center serves children age birth to twelve with a capacity of 170 children. This is a large, new center in the area and looks like a small school. Visitors must enter a lobby and check with the receptionist in order to enter the main building. The center has a friendly atmosphere and all staff members passed on the way to Yazmin’s classroom smiled, said “hey” and asked who I was and if I needed help finding my way.

The classroom was large and there were several activity centers available (art, science, blocks, reading, a listening center, housekeeping, manipulatives). A door at the back of the room leads directly to an outdoor play area. The activity centers are arranged

so the children access materials throughout the day. The classroom is new and very clean with a variety of toys and materials on low shelves that divide the activity centers. There is a private bathroom with a child sized potty and sink and adult sized sink outside the bathroom with storage for teachers. The initial interview was conducted at the child care center in an empty classroom. The director provided a substitute teacher for Yazmin's class.

During the initial interview, Yazmin explained that she had a Bachelor's Degree in Family and Community Services with a concentration in Psychology and Education. She has worked in this child care center for six months. Even though this is her first job in child care she has had experiences working with children in an inclusive lab school at the university she attended. She explained that she has not seen Sam's (the child with disabilities in her classroom) IEP and does not know what goals he needs to achieve according to this document.

Three themes emerged from the analysis of the data sources: (a) "When I came here, I came straight out of school so everything I knew came from my education and the time I had at child development lab school"; (b) "I'll just do different activities . . . or I'll change things around a little for him"; and (c) "You know my main thing is I would like to know what he is diagnosed with." Each of these themes will be discussed and supported with evidence from data sources.

"When I came here, I came straight out of school so everything I knew came from my education and the time I had at child development lab school."

Yazmin is a lovely young woman with soft features. She speaks slowly and carefully in a quiet tone. Before we begin she makes sure I will not print the children's names mentioned during our interview.

Data sources indicate that Yazmin feels her education and experiences at school have helped prepare her to work with children with disabilities. During the initial interview Yazmin was asked how she included children with disabilities in her classroom and she mentions her education and experience. "Um, through ECU I took two special ed classes and then with the other classes, they always included um, ways to help special needs kids." When asked how she was prepared to work with children with disabilities in her class she replied, "When I came here I came straight out of school so everything I knew came from my education and the time that I had at child development lab at school."

During the classroom observation Yazmin exhibits knowledge of child development and patience with Sam's self stimulation behaviors. She is calm and affectionate in her interactions with children indicating that she has had experiences with children. Yazmin and another teacher were in the room sitting at child sized tables and waiting for snack to be served by kitchen staff. The teachers were asking children questions which facilitated an engaging conversation. Sam sat at the table with his head down waiting for snack to be served then suddenly arose screaming "EEEEEEEE," walking in a high guard position, flapping his hands and going to a center in the room. He sits and spins on his bottom. Yazmin points out that his snack is ready and he returns to the table. She asks him some questions to engage him in conversation but he does not

respond. As snack ends, the teacher reminds him to throw away his napkin. She makes sure she is at his eye level and speaks clearly. Sam does not make eye contact with her but follows directions. The teacher reminds children to clean up after themselves, wash hands and uses please and thank you. She asks Sam if he needs his diaper changed, he replies, "I am ready to have fun." She repeats, "You're ready to have fun." A parent comes in early to pick up her child. Yazmin greets her and reminds her to get art work from her child's cubby. The mom says 'hello' to Sam and the child says, 'see you tomorrow Sam.' Yazmin's behavior during Sam's outbursts indicate she understands his disability.

During the follow up interview Yazmin was asked how she learned to allow the repetitive behaviors. She replied, "School."

The director of this center is a stocky woman with short cropped hair who speaks quickly and assertively without much inflection. After the interview with her she informs me that her center must meet the new star rating education requirements by January, 2008 and she wants a class offered in the area this summer. The director holds a Bachelor's degree in Special Education, with certification in kindergarten through twelfth grade. She taught public school for seven years and has had experience with a variety of children with disabilities. She is teaching her staff how to identify and refer children with disabilities and insist on open communication.

The director interview supports Yazmin's views that education is needed but differs in that she feels experience is more important.

“We’re involved in WAGES. Um, instead of being involved in TEACH I just basically pay their tuition.” She expresses that education is important but adds,

I think they can help um I think they’re beneficial just to kind of give a better understanding. There again, experience is the most important because like I said, each child differs. So but if you have a background and you have a little bit more knowledge um being able to maybe think back and say, ‘Ooo I learned this in this workshop’ that they could apply to it um.

This director feels teachers need an education but they also need to apply what they’ve learned. She mentions in her interview that she hires lead teachers with higher education and arranges work schedules for teachers interested in educational opportunities. She even takes community college courses with them to model the importance of training.

Yazmin and her director agree that education and experiences are important. The director shows her support to teachers by providing monetary support for school, and arranging schedules so they can attend school.

“I’ll just do some different activities...or I’ll change it around a little for him.”

Yazmin discussed her teaching strategies that help children with disabilities succeed in her class. She indicates how important it is for her to change her behavior and adjust the environment rather than expecting Sam (the child with disabilities in her class) to conform to unrealistic rule. During the initial interview Yazmin describes some of the strategies she uses for including Sam.

Really one on one (works best for Sam) because the room is so big and there’s so many kids, and there’s so many different activities and noises and people going on that you really have to do like one on one with him.

When asked why she feels those are more successful she replied, Um, he loves puzzles . . . um, we have magnets in the science center and he represents those as um, Dora the Explorer, the flute, the like different colors.” She explains that he gets all the puzzles out if you don’t stay with him. “. . . he likes to put things in his mouth . . . he likes to touch everything with his hands.”

Sam is a challenging child with autistic-like characteristics, although he has not been formally identified. The director has provided an additional teacher in the classroom to support Yazmin in working with Sam. Yazmin describes some of Sam’s behaviors and how she adapts her behaviors to help him.

So in the mornings (during group time) I actually have him in my lap with me. If not he’ll be up trying to eat other kid’s breakfast or he’ll take out all twelve Dora books. I hold him in my lap and we turn around and we do everything (laughs) it works and now he does great in circle.

Later in the interview she adds,

Now he’s very smart with like the alphabet. He knows flash cards . . . he knows my name and can tell you some things. He does make a lot of noises. He will like run around the classroom and makes noises and uses hand gestures a lot. The teachers at school would always tell us if there was a child that came up to you and says, “let’s play ball” or “let’s get the red ball” you elaborate on what they were saying and doing.

She also discusses some of his inappropriate behaviors, such as scratching and how it took several approaches before he understood the expectations.

Cause like for awhile, um when he wouldn’t get his way, he would try to like throw his hands up in the air and he would try to scratch you so we had to address that and figure out ways that would, ways that he would understand because a two

minute time out was not helping. I mean just, or telling him you know 'you need to sit down for a minute and calm down' you know he doesn't understand. We were you know to figure out ways that would let him know o.k. this is what you don't do.

Yazmin's use of specific strategies was evident during the classroom observation, Yazmin ignored Sam when he got up and screamed. The other children were engaged in play and they too ignored Sam's behavior. After Sam's outbursts he simply returned to the activities to play. The children are getting coats on to go outside and Yazmin leans toward the observer and says quietly, "If he says 'I want Mommy and Daddy' just say o.k. or he'll keep repeating that and get upset." (This demonstrates her knowledge of Sam). Outside Sam plays on the monkey bars, runs back to Yazmin and exclaims, "I'm having fun!" She responds, "Great!" and he runs back to the monkey bars. This repetitive behavior occurs throughout his play.

During the follow up interview, Yazmin explains how she tries to help Sam with social skills. "He has a friend in the class that was in his class before. I'll suggest they chase each other, or if he's playing with magnets or favorite toys, they'll just sit down and play together on their own."

During the interview with the director, she discusses how they adapt classrooms for children and are committed to helping children with disabilities. When asked if she ever gets IEPs she tells a story of a child who likes to lick metal objects. She even had to cover the screws in a sand and water table to keep the child from licking the table. When asked how she gets information about a child's disability she replies,

If we request it (IEP). Um, some parents bring them to us right away . . . If parents let us know up front um, what we do is we basically sit down like the parent, teacher, and the director all sit down together um and kind of go over some things.

Yazmin and the director understand how to adjust the environment and teaching strategies in order to make inclusion successful. There are several children attending the center with developmental delays and the director makes every effort to meet their needs.

“You know my main thing is I would like to know what he is diagnosed with.”

Yazmin is very careful not to label Sam but she knows he has severe communication disorders and feels he needs a more appropriate diagnosis. She tells me that she is not a psychologist and cannot label him but he must qualify for more services than he is getting currently. During the initial interview Yazmin was asked the child’s identified disability. She replied, “Well (pause) he has speech, he did have O.T. they are trying to identify, they haven’t identified, (pause) they haven’t identified him yet they do know that something is not quite right.” It is clear that she wanted a specific diagnosis.

When asked about supports and materials Yazmin responded,

I would like to know, my main thing is, I would like to know what he is diagnosed with ‘cause I feel like, or from the speech (speech therapist), I like, he has a bit of this, you know, they haven’t diagnosed it. You know I feel like I can’t help him to my best ability because I don’t know the source so I can’t really target specific things. I’m kind of like all over the place just doing what I can.

During the classroom observation Sam exhibited repetitive behaviors, unusual speech patterns and overall behavior which is indicative of pervasive developmental disorders and speech and language impairment is not an adequate diagnosis for Sam. He

is also lacking in appropriate social skills, even though Yazmin encourages his interactions with other children. During this observation he was not successful with continued play with peers. The director, teacher and this observer all agree that his diagnosis is not accurate.

The director talks about her frustration in getting specific diagnosis for children in her care. She believes Sam would qualify for a one to one aid but because the schools will not identify his needs she has hired an aid on her own.

With the public school system I'd like to see their services more readily available . . . We referred two children with major difficulties but because they knew their colors and could identify and count blocks they (schools) felt they were o.k. We ended up getting private help.

The director knows how to refer children for testing through the schools and also seeks private agency services when needed. It is fortunate that she understands how to get help for children and uses her own resources when necessary.

Sam is a child who has some wonderful skills. He can name capitals of states, complete large puzzles and is affectionate. He is currently working on potty training but is having little success. Both Yazmin and the director are quite confused as to why he is only identified with speech and language delays. The speech therapist is extremely helpful. She brings materials for Sam, explains how they are used and works with Yazmin to enhance Sam's social skills. There is good collaboration between the therapist, parents, teachers and director.

Case 3 summary. This discussion of Yazmin's preparation and support to work with children with disabilities in her inclusive classroom has centered around three

themes that emerged from the analysis of data sources: (a) “When I came here, I came straight out of school so everything I knew came from my education and the time I had at child development lab school”; (b) “I’ll just do different activities . . . or I’ll change things around a little for him”; or (c) “You know my main thing is I would like to know what he is diagnosed with.”

Yazmin exhibits confidence and teaching skills of a well educated teacher, especially for the child with disabilities. There are concerns about the lack of services available to the child with disabilities in her classroom based on the lack of a specific diagnosis. The teacher and director in this center have a good rapport and the director treats teachers with respect. They both are dedicated to meeting the needs of all children in their care.

Case 4: Tiffany. Tiffany teaches three and four year old children in a three star center. She mentions that “sometimes she has 2 year olds” in the classroom as well (she did not explain further why two year olds were in her class). There are nine children enrolled in her classroom and she is the only teacher. Tiffany has a high school diploma and has taken several community college courses.

The center serves children age birth to twelve with a capacity of 170. This center was a small office building renovated for use as a child care center. The center seems cramped and dirty and visitors walk by the director’s office upon entrance.. The hall is narrow and dark, the classrooms seem small, and wallpaper is peeling off walls. The director does not own the building and would like to renovate to raise the star rating. The

director has recently applied for higher star rating and has permission to make improvements.

Tiffany's classroom is arranged so children have a difficult time playing in centers without being interrupted by children walking through their play. The only center that seems to be identified is the housekeeping area. The other centers are not labeled and it is not clear if other centers exist. There are bins of toys on either side of the only low bookshelf but they are not labeled and types of toys are mixed together. This bookshelf divides a small area in front of the door and an area with a rug on the other side. Some toys are broken and others do not work. There is a small bathroom available for the children and a changing table with adjacent sink as well. There is a small housekeeping area to one side and one large table in the center of the room. The room arrangement was not conducive to center play. The toys are accessible but when children get out toys and put them on the floor, other children walk through building materials and over puzzle pieces because the room is small. One of the children with disabilities in Tiffany's classroom provides challenges for Tiffany and she describes his behavior.

He (Alex) is just very, um, he runs a lot in class and I've had to move the table several times. He used to run laps around the table and actually fell and hit his head and that really scared me. That's why I moved it. He throws a lot of toys and when you try to get him to sit in time out it's like, a war to get him to sit down even if you've tried everything else.

The interview with Tiffany was conducted at the child care center in the director's office. The director worked with the children in Tiffany's classroom during the initial interview session. Tiffany is a very young woman with two small children of her own

who receive services from Early Intervention. She has a sweet voice and speaks clearly and slowly. Tiffany explained that she was working on her Associate's Degree in Early Childhood. Tiffany and shares proudly that she "would like to earn a 4-year degree and eventually her Master's as an occupational therapist." There are two children with disabilities in Tiffany's classroom. Rhea is diagnosed with Autism and Alex is diagnosed as speech and language impaired. She has not seen their IEPs and does not know what goals the children need to achieve based on these documents.

Three themes emerged from the analysis of the data sources. 1) "I had no idea Alex saw a speech therapist" 2) Other teachers are Tiffany's best resource. 3) "I just try to treat them like I want my own children treated." Each theme will be discussed and supported with evidence from the data sources.

"I had no idea Alex saw a speech therapist."

Tiffany expressed concern that she was never informed that she had a child with disabilities in her classroom and that she needs more communication with parents, therapists and the director about the children with disabilities in her care. Alex is one of the children with identified disabilities in her classroom and she describes his behavior as "wild and hyperactive." She has never asked parents about his behavior at home nor has the director shared information about his therapy with her. During the initial interview, Tiffany expresses how important communication with parents and therapists is for successful inclusion.

I had no idea that Alex saw a speech therapist until she came and said 'I'm here to see Alex.' No one said anything and the therapist just showed up. I know this therapists personally 'cause she sees both my children . . . I know she sees Alex

but she didn't go into details about why or anything like that. I know she does speech therapy so I knew that's what he was getting."

In her six months of employment, she was not informed of Alex's therapy by the parents or the director. She does briefly mention that she could have asked and some of his behaviors should have indicated he needed extra help. The lack of communication is a concern for Tiffany.

The following description of the classroom and Tiffany's behavior are important for understanding the kind of communication exists between parents and the teacher. Tiffany's behavior with the children is passive and she spends her time standing and watching then intervening in children's altercations by redirecting. It's as if she has no idea that indirect guidance and modeling can help the children play well together.

During the observation, there are a few items to communicate the day's events posted inside the classroom for parents. A lesson plan is posted, menus, the class roll and there is a diaper changing schedule for parents to review. A parent comes to pick up her child and there is no verbal exchange between the teacher and the parent. There is not even eye contact with the parent. Tiffany says "Goodbye" to the child as she leaves but no other words are exchanged. Her interaction with children consists of intervening when there is an altercation. She did not sit on the floor and model appropriate behavior but stood away from the children and gently reminded them of rules. The children have good self-help skills but fight and scream over available materials. There are nine children in the classroom and Rhea is not at school today. One of the children is 2 years old and has come to the class to take Rhea's spot. Other children try to take the 2 year old's toys and

she screams. Tiffany is calm and very sweet in her intervention and reminds the child to “use your words” as she redirects the child.

Alex does not exhibit the “hyperactive” and “wild” behaviors described by his teacher. Even though aimlessly plowing through other’s play with a toy vacuum cleaner, Alex also parallel played appropriately. His language is unintelligible initially but when he plays with children who have good language skills, his language becomes very clear using phrases such as “You Stop!” and “Let it Go!”

The classroom is chaotic and Tiffany needs to better understand how to plan activities and arrange her room so children can get involved in play. If she had some guidance from the director or was aware of teaching strategies that could help her in the classroom this would improve the environment. If the classroom were more structured she might have time to talk and develop better relationships with parents. She seems to have no idea how to manage her classroom or how to ask for help. During the follow up interview Tiffany continued to discuss her concerns that no one informed her of Alex’s therapy. She mentions again that she didn’t know he received therapy. “Um, it would help if I asked but I didn’t even know he got speech therapy until probably two weeks ago.”

Tiffany has been working at this child care center for six months and she just found out two weeks ago that Alex has been identified with disabilities. She has not asked the parents or the director about the behaviors that indicate he may be getting therapy. It was not clear whether Alex was recently diagnosed and he has just started

therapy. The director's interview provides insights about how information is shared at this center and why Tiffany had no idea that services were in place.

The director of the center is a tall attractive woman with a pleasant smile. She has a sweet voice and talks freely about her center, the teachers and children. She has a high school diploma and is taking courses at the community college to help raise her star rating. She has a good rapport with her employees and arranges schedules to accommodate educational opportunities.

When the director is asked who informs her about a child's special needs and services the director talks about the importance of communication with parents and therapists.

A lot of times we're not informed at all, we find out ourselves after we've enrolled the child. If they've already been identified then the parent usually tell us or if they're already getting services the therapists will call and let us know they're coming . . . um, our experience, parents don't share a whole lot about their experiences at home... Only when the therapist comes here, they take the child out of the room to do therapy. If they are evaluating, they'll observe in the classroom but they don't talk to the teacher. They'll send us a survey, but that's it.

The director does not ask the therapists about the sessions with children. Tiffany does not ask the parents or the therapists about behaviors or therapy. It sounds like no one has any idea that they can communicate with professionals or parents about a child's disabilities or therapies. No one indicated it was because of privacy laws or because therapists are not approachable.

Other teachers are Tiffany's best resource.

The previous theme indicates Tiffany does not communicate with parents, therapists and she gets information from the director only if she asks and she has no idea how to make her classroom more developmentally appropriate. During the initial interview when asked about the type of support Tiffany has received in order to make inclusion successful she shares how other teachers are her best resource.

Parents haven't said anything to me, other teachers had him previously and they tell me their techniques for how to get him to cooperate and how to get him to not run in the classroom, not throw the toys things like that that are better than just sitting in Time Out. I feel like support is advice, you know, other teachers telling me exactly what they did, they'll even offer to come over and help with him if they can.

Tiffany has expressed difficulty handling Alex's behavior and has demonstrated lack of skills in managing her classroom. When other teachers in the center see that she is having a challenging day, they assist her. During the observation children needed help with shoe tying, toileting and diapers needed to be changed. Tiffany was serving snack, wiping up spills, putting up mats and redirecting while some children took other's food. One child spills juice on the table and Tiffany gets a sponge to clean up. Tiffany comes to the table with a sponge and another child climbs up on the changing table sink behind her and begins pull paper towels. Other children are fighting over toys and the two year old is screaming. The room is quite chaotic at this time. Another teacher walks by and offers to "take a couple of children in her room because she doesn't have many today." Tiffany sends two of the older children with her.

The teachers talk to each other readily at this center. They offer to help Tiffany, share information about a child or just exchange pleasantries as they pass to take groups outside. It does seem that teachers are very supportive of each other. During the follow up interview Tiffany indicates what she does when Alex has a tantrum and where she learned this strategy. .

You've talked to him; you've sat down with him. He understands that he can't throw toys 'cause it could hurt somebody. The next time he does it and you ask him to go sit and calm down. He just has a fit and so I sit down and hold him. Another teacher that worked with him last year said that helps.

Alex did not have a tantrum during the observation so these techniques were not observed. She has already shared that other teachers come over and help with Alex when they can. Tiffany is trying and using the skills she has as well as the other teachers as resources.

The director is observed going up and down the hall, assisting in other classrooms, gathering children's materials, and talking to parents during the classroom visit. The director does not discuss how teachers support each other but mentions how she helps. "I can go sit in the room and help some" when teachers are having problems with children in their room. She also adds, "I'm not a give up person so they tell me when they (teachers) can't take it anymore and that's when I go on and try to talk to them and help him (the child)."

It seems that everyone working in the center help each other. Right now Tiffany needs more help than the other teachers because she has only been there six months and has several children with challenging issues in her classroom. She has expressed that she

has her director's support "If I need something I ask" but she did not mention that the director came into her classroom to help.

"I just try to treat them like I want my children to be treated."

Tiffany has two children of her own and explains that her son was born prematurely. He received physical, occupational, speech and educational therapy for the last three years.

She does not discuss how she treats the children with disabilities in her care but during the observation Tiffany exhibits skills of a loving parent. She is calm, affectionate and seems to genuinely care about the children. She asks question such as, "What are you going to do?" to help guide play. She chats with children about routines and what is going to happen next in the schedule. Her tone and actions are very sweet and gentle.

During the follow up interview she talks more about her interactions. When asked about her teaching style Tiffany replied, "I just try to treat them like I want my children to be treated. I wouldn't want someone to be harsh with my children. I mean they go to child care too."

The director does not indicate that treating children as if they are your own is a skill needed in child care but she does mention how dedicated she is to helping children with disabilities in her care.

I think it's obvious through our numbers about 89% get subsidy through DSS. I won't turn anybody away. I always give everyone a chance. If we can't handle it, if we can't do it then I'll know we've done everything we can. We have children from families that their background has really shown through, they're just a product of their environment and that's all they know. I'll go through every service that I know before I would let a child leave here.

The director expresses the desire to find services for the children in her center. Many children are enrolled that have delayed social skills and the director is dedicated finding help for these children. Tiffany demonstrates affection of a loving parent but does not have the skills needed to work with children in groups at this time.

Case 4 summary. This discussion of Tiffany's work with children with disabilities in her inclusive classroom has centered around three themes that emerged from the analysis of data sources: (a) "I had no idea Alex saw a speech therapist"; (b) "Other teachers are Tiffany's best resource"; and (c) "I just try to treat them like I want my own children treated." Tiffany is an ambitious, loving teacher who needs a great deal of support. She seems almost childlike in her relationship with the director. Her classroom behaviors indicate that she needs more education and experience in order to work with young children in groups and so she will have a better idea how to communicate with parents and therapists. The other teachers are Tiffany's best resource. The methods of intervention suggested by other teachers may be helpful but could be inappropriate. It seems that the director means well and intervenes when the teacher "can't take it anymore." The teacher and director need to feel they can communicate with therapists and parents more readily so no one feels overwhelmed and uninformed.

Case 5: Sheila. Sheila teaches four- and five-year-old children in a one star center. The child care center where she works was built twelve years ago, still looks new and was purchased by the current owner/director six years ago. This director had chosen not to pursue a star rating until 2006; however, at this time she is working toward a three star rating.

The center serves children age birth to twelve with a capacity of 93. Visitors enter into a small comfortable lobby where there is a window for check-in but no one is in the receptionist's office during my visits. There is a main door that is closed but is not locked which leads to the classrooms. There is a long hall with classrooms at both ends, and several more on either side totaling five. The center is clean, comfortable and there is laughter and singing coming from the rooms.

Sheila is the only teacher in her classroom but a floater does come in when she "has time." There are 21 children on her classroom roll (two children are part-time). The classroom is large with variety of materials neatly labeled and accessible to the children. Centers (art, housekeeping, blocks, books, manipulatives, science) are arranged for group and individual play. Two bathrooms and a sink are next to a well stocked art area. She has a large art area with various bins of materials accessible to the children. There is a book center with soft chairs, puppets, flannel boards and writing materials. The block area has many different kinds of blocks from wooden to large plastic lock blocks. There are manipulative blocks in a center with puzzles of different sizes. The housekeeping center is well stocked with clothes, cooking implements and plastic food. The room is arranged so children have plenty of room for play.

Sheila is petite, assertive and has a low southern drawl. She points to the chair across from her at a child size table that I am to sit in for the interview she also helps me plug in the recorder upon my arrival for the initial interview. The interview was conducted in Sheila's classroom during nap. Children's music was playing in the background and Sheila was responsible for answering phone calls for the center while the

director was away. During the initial interview Sheila explained that she had a high school diploma, her credentials certificate and several college courses completed. She is not working towards a degree program at this time but after the interview she asked if I would pull her transcript information because she would like to enroll for Fall classes.

Sheila is married and has two school-age sons. She has been working in child care for 11 years and started when she was eighteen. She has had at least one child with disabilities in almost every class she has taught but informs the researcher that there is one child with disabilities in her classroom who was diagnosed as speech and language impaired at this time. She has not seen his IEP and does not know what goals the child needs to achieve according to these documents.

Three themes emerged from the analysis of the data sources: (a) Sheila needs reliable sources for information; (b) Having an “extra hand” in the room . . . helping; and (c) “Usually if we get any information it’s from the parent.” Each of these themes will be discussed and supported with evidence from data sources.

Sheila needs reliable sources for information

As mentioned above, there is one child with a disability in her classroom but she has not seen his IEP and does not know what goals the child needs to achieve according to these documents. Sheila expresses the need for more information from reliable sources such as therapists and doctors. When asked how she was prepared to work with children with disabilities Sheila explains how she learned the strategies she uses to include children with disabilities in her class. “For me, a couple of classes I took spoke about children with disabilities but I think for me its experience.”

She then explains sources she has used to arrange her classroom. When probed further about the other places she received information she replied,

I know in the book for ITERS and ECERS there's a section that tells you what you can do in your room for children with disabilities and stuff but that's more for children in wheel chairs which I don't have.

It appears that Sheila receives much of her information about children with disabilities from her workshops The Partnership for Children offers to train teachers to use environmental rating scales. Since she has a child with a disability in her classroom, there is a speech therapist that provides services for the child. During the interview she was asked if therapists contact her.

Um, no. When they are here , when they get done with their session the one's that I've had in the past, the speech would come here and work with them for thirty minutes two days a week or whatever, um, when they would get done with their session you know you have to sign a little thing saying they were here and we might have a quick little communication time there just to you know see you know if there's anything like when she's not here I can have them do or just to let me know she's seeing improvement or something like that.

When asked the length of the exchanges with the therapist she replies, "Like maybe 2 or 3 minutes, just real quick." However, Sheila has ideas of how to strengthen the communication channel with the therapist. "Maybe even set up maybe monthly appointments with the therapist to say, 'This is our time to talk about this', you know where she might not even meet with the child that day at all." She also indicates the director seeks out help for the children. For example, "The child that is on Ritalin, our director called someone and talked to them about the child being on medicine." As a

result of the phone call the teacher and parent are developing a behavior plan to assist the child; however, Sheila does not know who spoke with the director on the phone.

She mentions that she wants information from professionals, “You know not like um, not just another teacher around here but just someone who is a doctor or a therapist in that situation and being able to call them and ask them questions or something.”

Since Sheila has expressed an interest in more information, she was asked about different types of training she felt was necessary.

Yeah, I think workshops would be good, and then even a workshop for simple disabilities as in speech and ADHD... like if they're sending this letter out that's normal for that age or you know how much stuttering it's just you know it's just the wheels in their brains are going faster than what they can get it out you know ...

When probed further to determine if she used websites, books or currently available workshops she replied,

I haven't been to a workshop for children with disabilities, I don't know if there is any. I know we do have the websites and then you know we have the internet that you could pull up anything you want there.

While Sheila expressed a desire to obtain additional information from other sources in working with children with disabilities, the classroom observation portrayed a different picture. Sheila exhibited behaviors of a confident teacher with many years of experience with young children. Twenty one children are on her class roll with 16 present during the classroom observation. The children were finishing snack, washing hands, going to centers to play. Sheila was cleaning up while one child ate and chanted words

from “Chicka Chicka Boom Boom” It was hard to understand his words and Sheila stopped and they chanted together, she made direct eye contact and they snapped fingers, he stood and they wiggled their hips and repeated together. She finished sweeping the floor and went to a manipulatives center. One child was very active, couldn’t sit still and was jogging back and forth and talking loudly. She asked him to come over to her and held his hand and made an activity suggestion. He decided to get some locking blocks and sat with her as she asked questions to help him make a plan. This child had difficulty focusing on one activity for a period of time so one strategy she used to keep him engaged was to ask more questions such as “What color do you want to use? How can you make that taller?” He eventually was able to focus on the activity.

Sheila demonstrates good teaching strategies that must have come from experiences since she’s had no workshops about specific children with disabilities, she does not talk to therapists and uses the ITERS and ECERS as one of her only resources. Sheila is aware that she needs reliable sources and there is information available but seems unclear about how to access information.

Sheila discusses that her director finds resources for her. “Anytime have had concerns for a child, she’s pretty good about getting right on top of it and getting what I need. This indicates that the director uses other, more reliable sources for information than The Partnership for Children. She told a story about a child with severe behavior problems in her class and described how her director helped her.

Actually I think somebody came by here today to talk to the director about (she did not know which agency the person was from), what else we can do because we’re just not agreeing (with the parent about behavior modification strategies).

The director demonstrates the ability to find reliable sources of information but is not involving Sheila in meetings with professionals. This reliable information is important for Sheila to meet the needs of a child in her care and she does not know where the professional came from or what was said.

The director is a very attractive woman with a big smile. She has a high school diploma and worked for the school system for many years before starting her center. She has a sweet southern accent that makes one feel at home and cared for immediately. She forgot about our appointment and apologized profusely telling me we can meet in an hour after she picks up the school age children. When she returned the director interview was conducted in the lobby of the center. A supplier interrupted the interview to deliver equipment and later in the interview a parent came through to pick up their child. Each time I politely turned off the tape recorder to allow her to interact with the other adults. This was the only director that did not immediately say “yes” to participating in the study. It was discovered after the interviews that she agreed only after finding out that another director in the study told her “it was just fine.”

The director confirms that a professional visited the center to help with a child’s behavior problems. When asked who informs the director of about a child’s disabilities she replies,

Uh, yes in fact I have one (a professional) that come by today to help us with a problem with one of the children that we have here now that I figured out and Sheila and she came by today to go over things with us so that we would know how to talk to the parent so that they (Mental Health) could get in and help the child at home.

The director used the word “we” when describing who came to the child care center to talk, but from Sheila’s interview it seems clear that she was not included in this meeting. Sheila was not sure what agency the visiting professional was from. It seems odd that a Mental Health professional would visit the center and not observe the child in the classroom or meet the teacher. It is also curious that this child is taking Ritalin and Mental Health is involved, yet he is not identified with a disability. More complete information from the director is needed in order for Sheila to work with children and communicate with parents.

Having an “extra hand” in the room . . . helping.

There are 21 children on roll in Sheila’s room and the children are quite active. There is a floater available to help teachers as time permits. During her initial interview, Sheila described the children’s activity level and discussed the need for another adult in the classroom. She describes receiving help with a child she used to work with and expresses her desire to have consistent help in her current classroom. “I did have one (a child) um, I did have one that was autistic and he was coming in the afternoons and we did one on one help with him.” She refers to this again after being asked about the types of support needed. “Um, having an extra hand in the room, like another teacher coming on maybe and helping . . .”

The classroom observation supports Sheila’s suggestion for additional assistance in the classroom, at least during specific activities. During the observation there are 5 girls and 11 boys in the classroom they are very active and noisy during the observation. The children play well together, engage in very good language and bring over materials

for assistance. Sheila helps open packages for two children, gets other children engaged in activities, ties shoes, but stays on the floor near the very active child. Another child asks her to help her for assistance with a puzzle project so she scoots over about one foot. The child that had trouble focusing immediately cleans up his block play as soon as Sheila moves over. He bounces to another center without other children and lies on some large stacking cubes. Sheila suggests he find another activity to play with and invites him over to play beside her. He picks up a bin of toys and comes close to her. She pats the floor beside her and continues to help the little girl with her puzzle. He sits beside her and begins to use the blocks to make a pattern around the puzzle play.

As described in this observation, Sheila is quite efficient in managing her classroom but would like to spend more time working with individual children. During the follow-up interview Sheila again mentioned the difficulty in meeting all of the children's needs. She begins to describe behaviors that are exhibited by the child with ADHD and adds,

I want to sit on the floor with him but I can't do that all the time. I have table activities we like to do and I want to give the other 19 children my attention too. I want to give everyone one on one attention.

The director confirms Sheila's need for an additional adult to assist in the classroom. "Usually, if all our staff is here and it's you know a typical day, I have an extra adult so we'll have two people and that helps a lot."

Sheila is doing quite well working with the children in her class but she is unable to provide individual attention to each child so their needs can be adequately met. . The

child that exhibits hyperactive behaviors does require additional attention and redirection; therefore, another adult in her class would enable her to spend more time with other children.

“Usually if we get any information it’s from the parents.”

Sheila discusses her comfort in communicating with parents. She has a confident communication style and feels that she can approach parents for information. During the initial interview when asked how she was prepared to work with children with disabilities she replied, “Usually if we get any information it’s from the parent.” Sheila continues to describe her contact with the parent whose child receives speech therapy.

The one (child) with speech, me and her (the child’s mother) since, since there’s kind of a waiting list like with (the agency) program and stuff me and her, (mom and Sheila) are relating you know talking about how he does here . . .

After discussing that she speaks with parents freely, Sheila confirms this when asked if she has a good relationship with the families: “Yeah, yeah I do it’s just, I mean I’ve filled out a paper for the doctor, I did a screening thing on it and everything.”

Sheila completed a behavior checklist for a doctor treating the child in her classroom who is taking Ritalin. She elaborates on why some parents don’t want to communicate with her.

Yeah I think ‘cause you know like some parents they come in the morning and they’re trying to hurry up and get to work they drop their kid off and the afternoons they might be running late again and they come in and pick them up and they just want to leave.

Sheila feels very comfortable approaching parents and does not let their hurried pace deter her from asking questions. As described previously she does not have the same confidence in speaking with therapists.

During the observation, parent information was seen throughout the room. There are schedules, notices and sign in sheets and a special parent bulletin board just outside the classroom. Child made artwork is posted around the room with labels below to show which child made them. Cubbies are labeled and notes to remind parents of upcoming field trips are in the children's cubbies. A parent came to take her child for an appointment. Sheila spoke with her briefly and the verbal exchange appeared pleasant.

Sheila demonstrated in several ways how she values parental input and has developed positive relationships with them. During the follow up interview she described a communication situation she had with the parents of the extremely active child.

He'll (active child) come in he'll sleep most of the morning and when he wakes up he pitches a fit. I talked to her (mom) and I've said, 'We need to come up with something where maybe he can go to bed earlier to where he doesn't want to sleep all day. If it's not that maybe you need to take him to see someone. Maybe there's another reason why he wants to sleep all day. Maybe there's a physical problem.' I've made comments to her about him not wanting to play with other children.

Sheila further mentions that she has helped this mom make a schedule chart for home and this helps her child go to bed before 10:00 p.m. As a result, the child's behavior has improved and he does not fall asleep first thing in the morning.

The director confirms the importance of communication with families. During her interview when asked who informs her about a child's disabilities she describes communication with families.

Well, I think most of the parents are 100% for you know them (therapists) to come in. That they realize that there's a problem with the child and they are more willing you know for them to work here and for the child to be here.

The director demonstrates respect for the employees at the center through her interactions with them but does not include teachers in important meetings or tell them who has come to meet with her about a child with disabilities. However, open communication with parents is a priority for Sheila and the director.

Case 5 summary. This discussion of Sheila's needs and supports to make inclusion successful has centered around three themes: (a) Sheila needs reliable sources for information; (b) Having an "extra hand" in the room . . . helping; and (c) "Usually if we get any information it's from the parent."

Sheila is a confident teacher that enjoys working with the children in her care. She has a lot of experience with group care which has facilitated her skills. She has concerns about the number of children in her room, the lack of contact with therapists and that the child identified with speech delays who is on a waiting list for services. Some confusing information evolved through the analysis. The director contacts The Partnership for Children for information about the children with disabilities in her care yet she should be calling the school system if she wants to make a referral or speak with the agency serving

the child or simply talk directly to the therapists. There is no indication the connections with appropriate agencies that serve children with disabilities are being made.

Sheila needs another adult in the classroom helping so she can work individually with all the children in the classroom. The director provides an extra adult but this person is unavailable if a teacher is out sick or takes a break. The extra adult is only able to help Sheila as time permits.

Sheila is very comfortable talking to parents. She feels they are the best source of information for her and approaches them confidently. She has been working at this childcare center for eleven years and has two children of her own. She has the skills to advocate for the children in her care. With proper information from professionals she could do an even better job.

Phase II: Overall Themes

After data were synthesized into similar ideas and concepts, a content analysis was conducted to find similar themes with each case. Overall themes are reported as they relate to how teachers perceive their preparation and supports they receive in order to make inclusion successful. The data were integrated by identifying similar themes from each source. There were four themes identified through analysis across the five cases: (a) Teachers indicated that education and experience are important in working with children with disabilities. They need education and experience to be prepared; (b) Teachers feel they have director support but it differs; (c) Everyone is doing their job but no one is communicating; and (d) In order to support children with disabilities effectively, teachers indicated that an additional adult is needed in the classroom.

Teachers indicated that education and experience are important in working with children with disabilities. They need education and experience to be prepared.

All five teachers expressed education and experience was needed in order to be prepared to work with children with disabilities. Peggy was comfortable and confident because of her education and experience. During the initial interview, Peggy expressed how her education and experience have helped her in working with children. When asked how long she has worked with children with special needs she responded,

I had one this year, one last year and when I worked in public school, at that time they would divide children into groups. I had the lower group. There were several children that had different disabilities like visual, hearing, CP and autism.

When asked how she was prepared to work with children with disabilities she replied, “I really think my schooling.”

Lashea was never prepared and expressed a desire to get more education and specific training. She wants to continue her education but does not have the support at this time to attend college. During the initial interview Lashea begins to talk about her desire for education and training. Her statements indicate she is aware of how much she needs to learn.

Nobody’s ever really sat down and said, ‘you need to be this way’ I want to help them (the children) you know, so um, I’ll sit them down sometimes during play time by themselves and we’ll go over things. Uh, you know, a little extra further than I would with the other kids but I’ve never had any extra training in that but I’d love to.

Yazmin's education and experiences at the university she attended prepared her for an inclusive classroom. During the initial interview Yazmin was asked how she included children with disabilities in her classroom she begins to talk about her education and experience. "Um, through ECU I took two special ed classes and then with the other classes, they always included um, ways to help special needs kids." When asked how she was prepared she replied, "When I came here I came straight out of school so everything I knew came from my education and the time that I had at child development lab at school."

Tiffany has little education and experience but felt more education would help her work with all the children in her care. When asked how placements could be more successful she replied, "The more education that I'm getting, I'm sure that it would help, just teach me different ways to go about handling different children."

Sheila had little education but is interested in workshops and classes that will give her specific information about children with disabilities. Sheila felt her eleven years of experience in child care were more important than education. When asked how she includes children with disabilities in her classroom during the initial interview she began to talk about the importance of experience.

If I have to tweak something a little bit just so they can do it also . . . For me, I mean I know a couple of classes that I took spoke about um, children with disabilities and stuff but I think for me it's experience.

At the end of the interview she said, "Yeah, yeah, I mean, I think you can't get enough of you know, training and education you know, when you're wanting to help kids

and stuff.” Her response sounds aloof in regard to education however; after the interview she asked the researcher to send her a current curriculum sheet for the early childhood program so she could choose classes for the fall semester.

All of the teachers in this study discussed the importance of education and training. Those with higher educations attributed their knowledge to “schooling”; those with little education indicated their experience in the classroom or with their own children was most important. The teachers that felt prepared to work with children with disabilities had Bachelor’s degrees and experience.

Teachers feel they have director support but it differs.

This theme was common to all five teachers; however, each interpreted director support in different ways. Peggy described director support as information. She described her director as “model” and that she provided handouts, workshops at the center and an orientation when she was hired. During the initial interview when asked about awareness of incentives to help access training Peggy replied, “We had an orientation at the very beginning from our director and she told us about money available for education. She is a model director.” The director is “very open with information.” Her director participates in TEACH and WAGES and adjusts teachers’ schedules so they can attend school.

Lashea’s feels she has director support but wanted additional help in working with children with disabilities. When asked about support and information she receives about children with disabilities she replied, “About the special needs children? No, I really don’t get help with that.” On the other hand Lashea’s director said she saw teachers talking to therapists but Lashea mentioned never speaking with a therapist or parent about

a child's disabilities. The director of this center participates in WAGES but did not participate in TEACH "because it exits teachers out of child care."

Yazmin felt she had director support. Yazmin defines support as "Being there, I mean like she'll come by you know, "is everything o.k., how's the day um, how's Sam doing, um is there any changes?" This director participates in WAGES and pays for teacher's classes. She also pays for a one to one aid for the child with disabilities in Yazmin's class. When asked about the type of support she receives to make inclusion successful during the initial interview, Yazmin replied, "The director, you know, explained to me you know what things work and what things didn't work and all of that." The director encourages Yazmin to initiate contact with parents and therapists so collaboration between the three is working.

Tiffany feels she has director support as indicated from her responses during the initial interview. "I feel like I have my director's support. If I need something I can ask. I feel like support is advice . . ." This director participates in TEACH and WAGES, provides leave time for education, and is working with the Partnership for Children to raise the star rating of the center. While the director mentioned she liked to keep ratios low, she still added other children to the classroom when other children were absent. She also did not inform Tiffany that Alex received therapy.

Sheila feels she has director support in the form of her participating TEACH and WAGES. She also feels comfortable asking for additional help and the director gets the help she needs but the information comes from the director instead of directly from a

therapists or doctor. She expresses that the director will get her what she needs when asked.

I feel comfortable about it. I feel like that's one of her main goals is getting the children help whether it's a disability or you know nutrition or anything . . . I think that's her first main goals is that. So anytime I've had a concern for a child, she's pretty good about getting right on top of it and getting me what I need.

The teachers in this study all “felt” they had director support but data sources indicate that all directors are not providing the support needed for successful inclusion. The directors that owned centers with higher ratings and had more education were better able to provide information, support for educational opportunities and provide structural supports.

Everyone is doing their job but no one is communicating.

Collaboration means working together in a joint intellectual effort, to cooperate reasonably. Efforts to communicate are discussed and the majority of these efforts are not successful which affect collaboration. The therapists are not working with teachers together in a joint effort. Reasonable cooperation is not standing at the door, directors are having trouble finding the appropriate person to talk to, no one is sharing IEP goals, and parents are not sharing information. A quick exchange here and there is not collaboration. Teachers, with the exception of Peggy probably never considered initiating communication on their own as an option until they were asked during their interview.

Collaboration with parents, therapists and directors is important in order for teachers to get appropriate information but communication was limited in each case. All five teachers expressed the need for more collaboration. Peggy initiates communication

on her own. When asked about information she receives from parents that help her work with children with disabilities Peggy replied, “I get most of my information from the director, parents and the therapist.” When asked how she was prepared to work with children with disabilities in her classroom Peggy responded, “I had some concerns about his (Tad’s) speech and asked the parents about that. He had had previous speech therapy but that speech therapist had said they had gone as far as he could go so his parents had him retested and he receives services now.” Peggy confirms that she is the person that encouraged parents to seek help for their child. “The director didn’t know initially that the child had disabilities and the parents didn’t share that information. After I asked the parents about him and they told me what had been done (testing completed previously) and they had him retested.”

Lashea had no contact with therapists nor did parents talk to her about children’s disabilities. Lashea indicated the importance of communication with parents and therapists in the context of feeling that she needed much more communication. “The therapist takes them (the children) to a different room. She doesn’t share with me what she’s doing.” When asked where she gets information about a child’s disability she replied,

The parents have never said anything about their disability, not once. Um, I came up and spoke to them, um, saying, you know relaying messages for the therapist but they have never spoke to me. And it may be because they’re shy or because they’re private.

Yazmin felt therapists and parents provided good information. The initial interview revealed that Yazmin feels comfortable with the communication she receives

from Sam's parents and therapist. When asked about what kind of information she received from them Yazmin replied, "Yes, um, Sam's parents are good at communicating." She did not elaborate further.

When asked about communication with therapists she replies,

Yeah, speech does a great job and she'll bring stuff to help us help with speech. So she's really good and sits down in the classroom and out of the classroom, she'll like interact like the speech teacher, me and Sam. She'll bring us together in the classroom and then she'll even bring like some kids in the classroom and then she'll take Sam one on one and do that too.

Tiffany did not know the child in her class received services until the speech pathologist arrived for a therapy session. During the initial interview, Tiffany expresses how important communication with parents and therapists is for successful inclusion. "I had no idea that Alex saw a speech therapist until she came and said 'I'm here to see Alex.' No one said anything and the therapist just showed up." Tiffany later confirmed that her contact with parents was limited. "Parents haven't said anything to me . . ."

Sheila felt parents were in a hurry to drop off and pick up children and had no time to discuss issues but had managed to develop working relationships with most of the parents. The only contact she had with therapists was to sign their therapy log to document that a visit was complete. During the interview process, Sheila indicated that she receives no information from therapists.

Um, no. When they are here, when they get done with their session the one's that I've had in the past, the speech would come here and work with them for thirty minutes two days a week or whatever, um, when they would get done with their session you know you have to sign a little thing saying they were here and we might have a quick little communication time there just to you know see you

know if there's anything like when she's not here I can have them do or just to let me know she's seeing improvement or something like that.

There were similarities in collaborative relationships for Lashea, Sheila and Tiffany. The directors of these centers expressed how important communication was with parents and therapists but did not encourage teachers to initiate this communication. Neither Lashea, Sheila nor Tiffany speak directly to the professionals involved with children and must rely on second hand information from the director.

In order to support children with disabilities effectively, teachers indicated that an additional adult is needed in the classroom.

This theme was consistent for all the teachers. During the initial interview when asked how placements for children with disabilities could be more successful Peggy responded, "It would be nice to have another adult (in the classroom) so you could work more closely with the disabled child."

Lashea needed another adult in their rooms so she could work individually with children with disabilities as well.

Uh, I wish there was more than just one teacher in there because you have one student that's slower and the, wanting everybody to pay attention but if one student's not catching on, I'd like to be able to pull them aside and help them or just, you know, do something a little extra but if I have no one to help me I can't do that.

Yazmin needed another adult to work one on one with the child with disabilities in her care. She discussed this during the initial interview.

Really one on one (works best for Sam) because the room is so big and there's so many kids, and there's so many different activities and noises and people going on that you really have to do like one on one with him.

Another adult in the classroom is obviously important to her as she indicated later in the initial interview.

I would like to see more like one on one help with him and now, or actually this semester we're able to do that. There's me there's another teacher in there and then another teacher in there in the morning and she's able to do one on one with him in the morning. So that really helps out a lot.

Tiffany needs another adult to provide individual attention for the child with disabilities as well. She expresses this in her interview after describing Alex's behavior.

Um, one on one, when I have all 9 children in the classroom he (Alex) seems to be a bit more . . . he's a bit more wild and hyperactive. I've only had 6 (children in her room) and he's done better, calmer, more controlled. It would be nice to have another adult in the room.

Sheila wanted another adult to help with the group so she could give individual attention to all the children in her care. The follow up interview indicates not only how helpful another adult is but that the director is aware of this need. "Usually, if all our staff is here and it's you know a typical day, I have an extra adult so we'll have two people and that helps a lot." She begins to describe behaviors that are exhibited by the child with ADHD and adds,

I want to sit on the floor with him but I can't do that all the time. I have table activities we like to do and I want to give the other 19 children my attention too. I want to give everyone one on one attention.

The director at Yazmin's child care center provided two additional adults in her classroom and the director at Sheila's center provided an additional adult when schedules allowed. Tiffany's director indicated she helped in the classroom when children were having problems and Lashea's director sent an additional adult in the room during the observation. All the directors indicated that there might be times when an additional adult would be helpful. Perhaps money, scheduling and finding qualified assistants contribute to the lack of additional help in each teacher's classrooms.

The teachers in this study were dedicated to providing care for children with disabilities in their classrooms. The overall themes indicate that education and experience, support, communication with parents and therapists and an additional adult are needed to make inclusion successful. Further discussion of these themes will appear in Chapter V.

CHAPTER V

DISCUSSION

This study explored perceptions of five preschool lead teachers in for-profit rural child care centers and their perceptions of the preparation and support they received to make inclusion successful. There were four themes identified through analysis across the five cases: (a) Teachers indicated that education and experience are important in working with children with disabilities. They need education and experience to be prepared; (b) Teachers feel they have director support but it differs; (c) Everyone is doing their job but no one is communicating; and (d) In order to support children with disabilities effectively, teachers indicated that an additional adult is needed in the classroom. The following discussion includes highlights of the overall themes as they relate to for-profit rural child care teachers, theoretical framework and recommendations for child care, as well as limitations of the study and implications for future research.

Overall Themes

Teachers indicated that education and experience are important in working with children with disabilities. They need education and experience to be prepared.

All the teachers and all but one director indicated there are no workshops to help teachers learn about specific children with special needs and college courses provide only general information. These teachers felt that education and specific training were needed in order to be prepared but stated that experience was important as well. Teachers in rural

areas have been shown to have less education (Lyons & Russell, 2002) and this could contribute to the need in this rural community. The teachers without early childhood education focused on experience and the teacher with the least experience in a classroom setting felt experience as a parent was most helpful. The teachers' desire for more education and verbalization of the importance of education and training was encouraging.

The teachers with the most education were employed in four and five star centers and had directors with Bachelor's degrees in child development or education. Perceptions of competence correlate more strongly with educational level than years of experience (Bella & Jorde-Bloom, 2003). Three of the five directors had high school diplomas and have taken some college courses. These three directors may not perceive themselves as competent as they would if they had more education, therefore; behave more like a gatekeeper. In this study, the directors are seen as gatekeepers in that they manage and constrain the flow of information. Therapists and parents contact them first and they choose what information will be shared with teachers. Three directors ran centers with lower star ratings, hired teachers with the same or less educational background as their own and did not encourage collaboration. They may not hire teachers with more education because they might feel threatened or even less competent. It may also be true that these directors simply do not pay high enough wages to attract more educated staff. The directors with the most education in Peggy and Yazmin's centers provided more information and encouraged the teachers at their centers to communicate directly with parents and therapists. These directors also behaved more like partners in a collaborative relationship rather than gatekeepers.

In this study it appears that directors with more education are more collaborative in their administrative practices and encourage communication between teachers, parents and professionals. It is important for communication to be open between all stakeholders for inclusion to be successful.

One of the most important aspects for quality care is teacher education. Higher teacher qualifications are associated with caregivers who provide more stimulating, warm and supportive environments (Vandell & Wolfe, 2000) and higher level child language and literacy skills (Peisner-Feinberg & Maris, 2005). Education and experience affects teacher attitudes and competence when including children with disabilities as well as teaching all children to develop social skills. A star rated license system is used by the State of North Carolina to determine the quality rating of a licensed child care facility. The higher the point ratings, the higher number of stars a center receives. A five star center is considered highest in quality according to the State accreditation system and education of staff is a major indicator of these quality measures (Department of Health and Human Services, 2005). Because centers earn and maintain higher ratings by employing teachers with higher education levels, directors of higher rated centers make an effort to provide support to keep teachers as well as providing monetary and educational incentives for all caregivers. Centers with lower star ratings in this study are working on raising standards but teachers and directors in these settings had lower levels of education. Monetary incentives and time off for higher education were not available in Lashea's center. This poses problems for teachers who want to go to school but cannot afford tuition and have family obligations in the evenings.

Encouraging higher education should be important to all directors in order to increase star ratings and provide higher quality care. Teachers in this study who receive monetary support in order to pursue higher education took advantage of the opportunity.

Teachers feel they have director support but it differs.

Teachers expressed “feeling” like they had director support, but in some cases this did not seem evident. If teachers do not have another adult in the classroom so they can work with children individually, if directors are not providing time and available scholarships to encourage educational opportunities, or if ratios are twenty to one in the classroom, real support is not being provided. The administrator’s and teacher’s perceptions of support in this study were different. Previous research has indicated that program administrators consistently rate organizational climate more favorably than teachers and “organizational climate is based on the subjective interpretation of events in a setting” (Jorde-Bloom, 1988, p. 112). Program directors not only manage business duties but also spend time working directly with children so there is frequent interaction between teachers and directors (Sciarra & Dorsey, 1979) and this was true in all five cases in this study. The perception of directors may be that these settings are more egalitarian and participatory; however, teachers perceive that directors make most of the decisions and they have little power and control in making decisions affecting center life (Whitebook, Howes, Darrah, & Freidman, 1982). There was no mention of shared decision making from the teachers in this study. Directors used the word “we” to indicate therapists were contacting both teachers and directors. One director used the word “we” to describe how information was obtained to help children with disabilities, but the

teachers did not receive phone calls from therapists to schedule appointments; the directors did. Teachers were not encouraged to contact school systems or mental health agencies to obtain additional support, as the directors assumed this role.

Teachers lacked power and control over their lives at work, yet directors talked as if everyone was working together. This perceptual mismatch has a detrimental effect on the quality of work life for teachers (Jorde-Bloom, 1988).

Director support such as materials, ratios, teacher education, and experience are extremely important. The Partnership for Children in this county has provided new toys and furniture for child care centers during a Quality Enhancement Project and continues to provide ongoing technical assistance for room arrangement. Even so, the materials in the two 3-star centers were worn and the facilities appeared dirty because rugs and toys were old and worn, and updates needed to be made. In one center toys were broken but still available to the children for play. Some directors chose not to participate in the enhancement project and they do not remove toys when they are broken. Directors were not prompted during interviews to address this issue.

Teachers attend ITERS-R and ECERS-R training and community college classes are available, but incentives are important for encouraging teachers to attend, and some of the directors did not provide them. The Partnership for Children does not provide workshops for specific disabilities even though they provide various training for other quality enhancement several times each month. Courses at the community college are offered online, during the day, evenings, and Saturdays, but courses that cover more specific disabilities are not offered until several prerequisite courses are completed.

Beach (1995; 1997) described the “gossip network” in rural communities. If child care directors do not trust those who provide training and education they will not participate. The “gossip network” became evident in this study when it was revealed that one director was reluctant to allow the researcher in her center until another participating director assured her it was alright. The gossip network also provides insight into another reason Lashea’s director wanted training provided in her center instead of providing incentives to attend training outside the center. She wants to know what is being said during the training and have trust in those providing information, therefore maintaining a level of control over the training. These are close-knit child care communities and it is preferred that professionals providing education and training be indigenous to the area, understand child care, and the specific training should be activity-based (Matthews et al., 2000). The types of professional development most relevant for teachers are individual assistance trainings that are close to the child care center, and opportunities for mentoring, consultation, and networking (Willis, 2002).

Meeting educational need is possible as the community college provides more satellite campuses and works more directly to plan training opportunities with The Partnership for Children and Cooperative Extension. Working with the “gossip network” by providing trusted instructors close to rural child care centers could help alleviate directors concerns and allow more open communication with agencies and the community college.

Everyone is doing their job but no one is communicating.

Communication with parents and therapists enabled teachers to make inclusion successful; however, only two teachers initiated this communication and few teachers and directors had knowledge about the referral process. It is apparent in this study that everyone is doing their job but no one is communicating. However, all teachers in this study mentioned the need for more communication with therapists. The relationships existing between two or more microsystems is known as the mesosystem (Bronfenbrenner & Morris, 1998). One of the main challenges causing two microsystems for the child is the pull-out therapy sessions. This practice is leaving the teacher out of the second microsystem for the child and after therapy no one is communicating which causes problems in the mesosystem. The teacher is in her own classroom trying to interact for brief moments with the therapist “at the door” while they are watching children. The therapist is leaving only a few minutes to talk with teachers and only contacts the director to set up appointments. The therapist may not feel she has permission from parents to share information or feels the teachers will not understand the IEP. The relationship of the teacher and therapist should provide the connection (mesosystem), however the teacher and the therapist are barely making time to communicate. This greatly affects the quality of inclusion and the relationships necessary for collaboration.

Three of the five teachers felt very comfortable initiating conversations with parents. Two of the three had the most education and the third had 11 years experience in child care. During interviews these three teachers exhibited more assertive

communication styles with the researcher. The other two teachers had soft voices and were slower to warm up during the interview process. Initiating communication may have more to do with confidence or temperament of the teacher. Bronfenbrenner's bio-ecological theory (1979) postulates that development is a joint function of the person and all levels of development which includes attributes such as personality, knowledge, efficacy, and cultural features of the immediate setting (Lewthwaite, 2006). The teachers who had more knowledge, more assertive personalities, and a more supportive setting initiated communication. Those with more hesitant personalities or temperaments are not engaging parents or professionals in conversations. Because teachers may be the only liaison between parents and therapists, all teachers need to feel comfortable initiating conversations.

Having access to the child's IEP is an issue. According to IDEA, teachers are part of the intervention team (Wright, 2004); however, child care teachers are often not seen as professionals or perceived as being able to understand the intervention process. The decision making hierarchy and delineation of roles in child care is different from other work environments (Jorde-Bloom, 1988) and as previously cited, teachers have little power and control in making decisions that affect their center life (Whitebook et al., 1982). Delineation of roles in child care centers is unclear because of shared space, shared responsibilities, and frequent interaction (Jorde-Bloom, 1988). The teachers in this study felt the director was in charge of providing information. The directors made efforts to find out who was serving children with disabilities, but not all of them knew who to

contact and once identified, three of the five directors neglected to encourage the teachers to communicate directly with therapists.

There was no evidence found that indicated teachers felt the therapist was of higher status because of their education and professional credentials, but this could be a reason why teachers with less education did not initiate contact directly with the therapist. There were also issues with directors conveying important information to teachers in these centers. The teachers may not ask directors for this information because of their status as “boss,” but there would be no reason to feel intimidated by educational status since all center directors had the same education level as the participating teachers in all of these cases. Experience of teachers could explain the communication gap; however, Lashea and Sheila had nine and 11 years experience respectively and Lashea had no contact with parents or therapists; Sheila had no contact with therapists. The evidence from this study indicates everyone is just doing their job and no one is collaborating.

Child care teachers make a major contribution to children’s development but they remain underpaid and undervalued (Bellm & Haack, 2001). Only 20% of teachers in this rural county have earned an Associate’s degree or higher and rural child care teachers are paid less and have less education than their urban counterparts (Lyons & Russell, 2002). Caring for children is often seen as women’s work and in rural communities child care teachers are often viewed as “babysitters” (Beach, 1995). These factors contribute to the lack of professional status for child care teachers (Ackerman, 2006). Therapists are required to have earned a Master’s degree in their field and are considered professionals. Many child care teachers are paid poverty wages and are not provided with health

insurance and thus have a perceived lower professional status in our society (Burbank & Wiefek, 2001). Because of this low status perception, it may seem unnecessary to include child care staff in the IEP process. The directors and teachers in this study who sought information from parents and therapists had more education and understood more about the intervention process. This may have contributed to the therapists' perception that these women were more competent and worthy of collaboration.

Confidentiality was another issue cited by directors as a reason for lack of collaboration. Interpretation of the new privacy laws may prevent the release of important information. Directors' lack of knowledge that parents can sign permission forms in order for the center to receive information impedes communication. Providing permission forms to parents in order to access IEPs would enable teachers to become familiar with the goals on which each child is working. One director includes a section on her parent questionnaire asking parents to inform the center about services their children are receiving; however, a director mentioned during her interview that parents may not be willing to share information about their child. Sometimes it's a matter of finding out that a child has disabilities after they enroll and unusual behaviors or characteristics emerge.

Often children in preschool programs are interacting with children in groups for the first time and need time to adjust and learn expectations in this new setting. Many parents may know their child has someone coming to their house to work with their child but are not familiar with their specific title or that it is Early Intervention. Some parents may be afraid centers will not accept their child if they share information about

disabilities or that being in a new setting will change the child's behavior for the better and there is no need to divulge information about the child.

Confidentiality is seen as a problem in rural child care because generations of people in these small communities attend the same church, school, and extracurricular functions (King, 1995). In this rural community directors employ teachers that attended their center when they were children. People growing up in this same community are often related to each other as well. The lack of privacy may make it more difficult for parents if they do not want everyone to know about their child's challenges.

In order to support children with disabilities effectively, teachers indicated that an additional adult is needed in the classroom.

All teachers felt additional support was necessary but for different reasons. Two wanted the assistance in order to work individually with the child with disabilities in their class, two other teachers wanted a one-on-one assistant to work with the child with disabilities, and one teacher wanted an additional adult in the room so she could spend more time working individually with all the children. This could be interpreted as an attitude that is less accepting of inclusion, as Sheila was the only teacher in a class with 21 children on roll. In Yazmin's class, Sam has more severe disabilities than the other children and is quite challenging; Tiffany has one child with behavior problems and another with autism in her class and lacks skills needed to work with the children. It did not matter whether there were nine children or 20 children in a room, the teachers all expressed a need for additional help with the children.

Teachers in child care working with young children have multiple expectations placed on them. For example, toileting, zipping coats, tying shoes, serving snacks, and nurturing, as well as education are required, and it is difficult for one person to assume all the responsibilities. Children fall and need help with toileting, and these incidents require immediate attention which makes it difficult to provide adequate supervision for other children. In this study a wide variety of teacher-child ratios existed in the classrooms and in one classroom two-year-olds were even included. Having additional help in a classroom is a general need in child care. Often for-profit centers follow minimal child care standards. Ratios and group sizes are typically high in these settings and high child-teacher ratios are seen as barriers to overall quality of care (Howes, 1997; NICHD, 2005). High child-teacher ratios also affect the microsystem. The teacher has enough of a challenge meeting the needs of children, but classroom management can become more difficult when a child with disabilities is included. NICHD (2000) found that positive caregiving was higher when adult-child ratios were lower, group sizes were smaller, and when caregivers had higher levels of education. Three of the five teachers in this study had high school diplomas and had taken some college courses. Lower education levels are typical for this rural county (Lyons & Russell, 2002) and this does affect the teacher's ability to provide a quality inclusive environment. While teachers had a variety of experience and/or education, based on the observations all could benefit from assistance during transitions.

Concerns

Several other concerns arose as a result of the interviews and observations. Initially the researcher was informed that all children identified with special needs received speech and language therapy. However, as a result of the interviews and observations it became clear there were two or three children identified with disabilities in classrooms, and in one case the child that seemed to have severe attention deficit/hyperactivity disorders was not even identified. It is curious that this discrepancy occurred and it could be that teachers consider a child identified with disabilities only if a therapist is coming to the center to provide services. The children receiving speech and language therapy had professionals coming to the center but those children identified with behavior problems did not, therefore; the teachers were unaware that these children were identified. It could be that children do not have a proper diagnosis or that teachers do not understand the term “identified” or parents elected not to inform staff of services received. One teacher admitted to her lack of knowledge about an IEP, two others did not. One of these two teachers had children receiving services so it was assumed she knew what an IEP was.

In one case the teacher suspected a speech delay in a child and initiated contact with the parents. It turned out that the child received services in the past and because of this teacher, the child was retested and is now being served. This particular teacher had the most education and she had experience in the intervention process. If the majority of teachers in this county do not have this background it is a concern that many children with disabilities are going without needed services.

There were five children receiving speech services. One seemed to have mild speech delays and was on a waiting list for therapy, another exhibited much better language with older children but would not be moved to a more appropriate classroom because he still has toileting “accidents.” Three of the children exhibited behaviors indicative of Autism Spectrum Disorders. The researcher was told that one of these children qualified for occupational therapy but was not receiving those services because an occupational therapist was not available. The questions arise: Are the county school systems procuring appropriate services for children? If parents choose child care and the school system can provide a placement, are they not required to provide services? It is not known if the schools in this rural area have inclusive preschool programs. Are mental health services readily available? One director described an incident where a child was extremely violent and she could call the therapist serving the child on the phone for help but this therapist would not come to the center to observe. Another director had someone from Mental Health “come out” to talk with her, yet this person did not observe the child in the classroom or speak to the teacher. This seems quite odd from a professional providing services for a child that spends approximately ten hours a day in a child care classroom.

None of the teachers in this study expressed that children with disabilities should not be in their care and these teachers are doing the best they can with the resources, support, and knowledge they have. Caregivers’ positive attitudes toward inclusion are important (Beckman, 1993; Odom & McEvoy, 1990), and teacher attitudes and behaviors are influenced by previous experience with children with disabilities (Leatherman, 1999).

All the teachers in this study had this experience through their own children, their educational experiences, or their work in child care. Directors of these centers were dedicated to meeting the needs of all children in their care and modeled this attitude through their efforts to find support and by allowing therapists in their centers. More knowledge regarding quality inclusion and the importance of collaboration would help directors provide support for their teachers to have a successful inclusive classroom.

Theory

As discussed in Chapter I, the theoretical framework for this study is bio-ecological systems theory (Bronfenbrenner, 1979; Bronfenbrenner & Morris, 1998). The child care classroom is an environment or microsystem where the teacher spends considerable time meeting the needs of the child with disabilities. The mesosystem provides connections between a child's teachers and parents. These connections between families, the child care teacher in the inclusive classroom, and therapist are lacking, thus affecting the mesosystem. In this study teachers did not have access to the IEPs. The teacher is the liaison between therapist and parent but cannot describe what skills are being addressed with the child. This lack of knowledge greatly affects bidirectional relationships and proximal processes between the teacher and child. In the exosystem parent schedules influence their ability to communicate with teachers and the identification system such as public schools is not providing adequate diagnosis for children. Whether therapists' contact with teachers is due to power and hierarchy issues, their schedules or lack of teacher and parent knowledge about the intervention process, these factors are out of the teacher's control. Those serving the child must communicate

with all other professionals including child care teachers. In the macrosystem, our culture believes that education is important and all children need to succeed; however, proper supports are not in place for some child care settings to promote quality inclusion (Odom et al., 1996). The teachers and directors in this study exhibited positive attitudes about inclusion and directors were willing to seek out all assistance available, but need additional information and support to be more successful in providing the optimal environment.

Meeting teacher, child, and family needs and engaging all involved in collaborative consultation is regarded as critical in inclusive education (Foley, 2005; Odom & Schwartz, 2002) and is the proximal process in this study. Collaboration is considered best practice in planning and implementing inclusion (Dinnebeil & McInerney, 2001). Results of this study indicate the stakeholders in each of these five cases are not working together. Teachers with more hesitant personalities or temperaments are not actually engaging parents or professionals in conversations which greatly affects their ability to meet the needs of children with disabilities in their care. Factors such as personality influence a teacher's ability to provide a successful inclusive environment and are multi-system in nature. They are unique to each individual taking into account their personal attributes, the context in which their development takes place, the time at which the process is occurring, and the processes each person goes through in fostering success (Bronfenbrenner & Morris, 1998; Lewthwaite, 2006).

Recommendations for Child Care Programs

In order to provide a quality inclusive environment, it is important for collaboration to be a priority among all stakeholders. Collaboration is a developing process and involves positive trusting and equal partnerships between parents, teachers, therapists, and directors (Blue-Banning, Summers, Frankland, Nelson, & Beegle, 2004) with all involved having a shared vision in working together to solve a common problem (Schulte & Osborne, 2003). Several strategies for improving inclusion practices in child care programs are suggested: (a) enhancing communication practices, (b) expanding training and educational opportunities from community resources, and (c) monetary incentives.

Enhancing Communication Practices

Three of the teachers in this study had no contact with therapists other than signing therapy attendance forms. Two of these three did not talk to parents and one teacher did not know the child was receiving therapy until the therapist arrived. If meetings could be held with teachers, therapists, parents, and directors, perhaps they will begin to collaborate. In addition, training in collaborative relationships could greatly enhance communication between parents, teachers, therapists, and directors in the child care centers included in this study.

The researcher tried to identify similarities in teacher background that would enable them to communicate with parents and therapists. Peggy had more education and was older than the other women in the study and had public school special education experience. She was the only teacher who initiated communication on her own. Yazmin

had a director with a background in special education and her support enabled Yazmin to communicate about Sam's needs. Lashea, Sheila, and Tiffany had similar education levels. Sheila initiated contact with parents; the other two teachers did not. Sheila has a more assertive personality and 11 years of experience. None of the teachers with little education initiated contact with therapists and the directors with little education did not encourage teachers to communicate with therapists.

The directors in the five cases were the first contact for therapists and parents and determined whether teachers had direct access to therapists. Three of the five directors had little education and no training in working with children with disabilities. These three directors seemed to be gatekeepers for information from therapists and other professionals. According to Bella and Jorde-Bloom (2003), perceptions of competence for early childhood directors correlated more strongly with educational level than experience. Directors who received leadership training were better at communicating with staff and encouraging their professional development. Better communication was evident in the centers where directors had higher educations. These directors also encouraged teachers to collaborate with parents and therapists.

Communication for directors and teachers in child care would be enhanced with leadership training for directors. Training for all child care staff and administration in the early intervention system would enable teachers and directors to contact appropriate professionals for collaboration.

Training and Education

Education and training is necessary for collaborative relationships (Bella & Jorde-Bloom, 2003; Odom & Schwartz, 2002). Workshops that address information on specific disabilities have not been available in this community. In rural communities, center-based care is less available and lower in quality in terms of teacher training and state regulation (Beach, 1997). This is why accessibility of training and education is so important in these areas. Workshops that are in convenient locations, more satellite college campuses, indigenous trainers, and opportunities to receive experience in quality inclusive child care could better support teachers. More information about typical speech and social-emotional development would help teachers understand but they also need to know how to identify and refer children for services. If teachers know that meetings can be held with therapists, parents and directors perhaps everyone can better collaborate. Sample release forms could be provided for directors to include in enrollment forms to help start the communication process with families.

Courses at the community college provide general information about children with disabilities; however, this course work could more adequately support the teacher's need for experience and education. More opportunities to participate in inclusive settings and experience in the local public school development center would provide this experience and could be offered during more daytime classes.

Monetary Incentives

According to findings, directors are supporting teacher's participation in more training, but other issues must be preventing them from participating in educational

opportunities. Monetary incentives to attend more classes at the community college and support from directors for education would enable teachers to take higher level courses that include more detailed information about children with disabilities. In 1994, the Administration on Children, Youth and Families sponsored a study in which two-person teams were sent to Kentucky, Montana, North Carolina, and Oregon in the summer of 1993. They interviewed local child care program staff about innovative practices for providing child care in rural areas. There were six recommendations made by the teams which included the following: financial incentives can overcome barriers to training in rural communities. Rural training programs cited in the literature review described the importance of providing funds for training. Reimbursements for professional development were provided to teachers by Project TIES (Willis, 2002) and outside agencies funded project REACH (Matthews et al., 2000). Lyons and Russell (2002) indicate that child care teachers in rural North Carolina earn under \$13,000 per year, and teachers are interested in pursuing more education or training but feel constrained by finances and time. TEACH Early Childhood Project is a statewide system providing partial scholarships for education and is a monetary incentive needed for many teachers to pursue an education. If directors do not participate in TEACH, or leave time is not provided, many teachers are unable to take advantage of educational opportunities.

Three of the five directors participated in TEACH, and all participated in WAGES. One director mentioned not participating in TEACH because it was too much trouble, and she paid for classes and workshops on her own. Only one director did not provide leave time but felt teachers' decisions to attend school was a personal one. This

same director did not participate in TEACH because she felt teachers leave child care and are then employed by the school system when they receive their Associate's Degree. The director with the least education and no intention to pursue further education was the one who was afraid teachers would leave and did not participate in TEACH. More education on her part might have given her the confidence to encourage professional development of staff (Bella & Jorde-Bloom, 2003).

Implications for Directors

Directors were asked several questions in order to clarify information from the teachers as well as to indicate if being located in a rural area made a difference. All directors said they did not feel isolated and services were accessible. One director said, "I find out most parents don't mind driving 10 minutes out of their way if they're satisfied. If they're pleased with the services and the quality of care they're getting." Another director said, "We're in a rural area, but I'd say we're on the outskirts of the city (chuckles) . . . we have parents that seek help without us having to go and seek it for them." Since there is no public transportation in rural communities (Beach, 1995; Lyons & Russell, 2002), people who live in these areas are used to driving distances.

Directors said services were available but commented, "sometimes that channel's a little thicker to get through." Specific comments about agencies and resources available to help directors were, "I would like to see, I guess there again with the public school system I would like to see their services more readily available . . ." or "I think communication needs to be enhanced." Only the director in Yazmin's center had experience working with children with disabilities in the public school system and knew

how to the early intervention system worked. The other directors did not know how to access services, had to call other agencies, and those who were persistent learned on their own. The school system in the county has children on waiting lists for services and is diagnosing children who appear to have pervasive developmental disorders with speech and language impairments. This is a large county and the school system must serve many children. It is not clear if the lack of communication and service provision is due to lack of resources or refusal to educate child care centers about early intervention. If directors understood how the system worked and whom to contact for services, they might feel more comfortable contacting school systems to refer children and ask for IEPs.

Directors are striving for quality inclusion but need guidance and support from outside agencies to do so. Interviews indicate the desire to help children. “We don’t turn away children with special needs”; “Placement I guess number one is with our philosophy of not you know, I guess not giving up on any child and giving every child a chance”; “I’ll go through every service that I know before I would let a child leave here . . . I try to do everything I can.”

If directors, teachers, parents, and professionals would collaborate, inclusion could be more successful. Teachers expressed the need for collaboration and directors understood that communication between stakeholders was important, but only one director scheduled team meetings, and she had seven years of experience as a special education teacher in the public schools.

The directors were dedicated to providing an inclusive environment but needed help understanding whom to contact for support. Three of the five directors did not

mention having a meeting with therapists, teachers, and parents so that everyone would understand how to help the child with disabilities achieve their goals. As one director said, “We can say yes to inclusion but make sure we have the skills and education to do it right.”

Limitations of Study

There are limitations to any study. In qualitative research, small numbers of subjects, participant reactions, researcher bias, and lack of previous studies can threaten results. Though qualitative studies are rich in detail, the researcher is the instrument and can influence all parts of interpretation. Because of this, limitations need to be recognized and addressed (Lincoln & Guba, 1985).

A potential limitation in a qualitative, case study design is the use of a small number of subjects. This study had five cases and the researcher understood there was no plan to generalize findings to a larger population. However, there is no available information regarding needs and supports for quality inclusion in the chosen community; therefore, the information gained could be helpful in studying a larger population in later studies.

Interviews and observations were used in this study to collect data, and participant reaction to the researcher was important. Researchers can be perceived as intrusive during observations and participants may have difficulty building rapport during the interview process. Confidential information may be shared or observed that the researcher cannot report. The researcher may not have adequate attending and observation skills and people are not equal in their perceptions and ability to articulate. In

addition, the researcher's presence may affect participant behavior during observations (Bogdan & Biklen, 1992; Creswell, 2003; Merriam, 1998). Knowing this, the participant was asked to choose the interview locations and the interview itself began slowly with the researcher asking for demographic information and allowing time for the participant to become comfortable in an interview situation. Member checks of observations and interview transcripts also helped ensure that information shared was respected and corrected if misunderstood.

Researchers come to the table with their own experiences, education, and opinions. The role of the researcher as the primary data collection instrument makes it necessary to identify personal values and biases (Creswell, 2003). The researcher for this study is currently an early childhood community college instructor. She did not interview child care teachers that attend her classes in order to avoid feelings of favoritism or grade enhancement in return for participation. She has also worked in child care centers and programs for children with disabilities. Her experience working in inclusive settings and contact with child care teachers could help or hinder study results. The benefits in having this background are a communication style and teaching experiences that form a basis for her to be knowledgeable about child care and she is considered indigenous to the community.

A study inquiring about teachers' perceptions regarding needs and supports to make inclusion successful has not been conducted in rural, for-profit, inclusive child care classrooms. Because a study of this kind has not been conducted before, there are no established boundaries or standard procedures. The study is also limited because of the

short timeframe for collecting data. It is only a snapshot of what occurs in the programs and classrooms based on five cases. It was important for the researcher to follow qualitative procedures for interviews and naturalistic observations, but only one observation was conducted in each classroom. Given limitations just described, it is hoped that this exploratory and descriptive study will encourage agencies supporting child care in this county to conduct larger studies on the topic.

Implications for Future Research

This research examined preschool teachers' perceptions of needs and supports in order to make inclusion successful in rural, for-profit child care centers. Topics for future research became evident after completing the current study. Examining the perceptions of parents, therapists, and school administrators responsible for early intervention services could provide more information about collaboration in this community. Examining collaborative consultation in urban and rural communities in order to compare practices in city and county school districts might indicate differences in identification and services for children from three to five years of age.

Implications for Practice

At this time it is unclear how many children with unidentified disabilities are in local child care settings and need referral and testing in order to receive services. A needs assessment could be requested from the local Partnership for Children in order to survey the child care centers and homes in this county to discover how many children with suspected disabilities are enrolled and if teachers and directors need additional support in acquiring information about these children. Sharing the results would enable other

agencies and colleges in the area to provide appropriate training and support to meet these needs. A survey through the county schools to discover how many children are on waiting lists for services would enable the schools to provide evidence for more resources from local school boards. Examining whether community college course offerings are enhancing student's knowledge of identification, referral, and experience with children with disabilities is necessary to make sure students are getting the knowledge they need. Another future direction is developing workshops for presentations to child care centers on specific disabilities and strategies to facilitate successful inclusion.

Conclusion

The focus of this study was to explore and describe lead teachers' perceptions about their preparation to work with children with disabilities in their classrooms and to examine the types of support child care teachers perceive as important in order to make inclusion successful in their classroom.

Several concerns regarding needs and supports for teachers emerged from the study. Director support for education, family participation, and communication may not be available; children are on waiting lists for services, children may not have accurate diagnosis due to lack of resources in the community, or parents may be unwilling to self-disclose their child's disability. The lack of collaboration is affecting the ability of child care centers to provide quality inclusion.

In the five cases studied, the mesosystem of the bio-ecological theory is greatly affected. Everyone is just doing their job and no one is collaborating. The goals for children according to IEPs are unknown which affects bidirectional relationships and

proximal processes between parent and teacher and the ability for teachers to meet a child's needs. Collaboration is lacking between teachers, therapists, and parents, and the mesosystems of all of these people are meeting "at the door" but they are not engaged.

Results of this study indicate the stakeholders in these five cases are not working together and this collaboration is seen as a focal proximal process in this study. Meeting teacher, child, and family needs, and engaging all involved in collaborative consultation is critical in inclusive education.

One of the most impressive findings of this study was the positive attitudes of teachers and directors. They are dedicated to meeting the needs of children in their care, and no one indicated in any way that children with disabilities should not be fully included in the classroom. With proper supports from the community such as education, specific training, and informing service providers of the needs for child care providers, collaboration can be enhanced.

The future quality of inclusion in rural, for-profit child care centers depends on the support received from community colleges and other agencies providing education, training, and services in the community. This is the only study examining the needs and supports of teachers completed in this county. Further study is needed in order to better understand the dynamics of inclusive child care in this county.

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Appendix A

Teacher Interview Questions

Demographic data will be audio taped at the beginning of each interview in order to help acclimate the participant with the use of a tape recorder, begin to build rapport, and to keep from missing important information if they elaborate during the process. The following questions will be asked to gather teacher information:

Demographic Data

- What is the star rating of your center? What is the point distribution of each area?
- (Gender information will be recorded)
- What is your educational level?
- Where did you receive your credential, certificate, diploma, or degree(s)?
- Do you have a teaching license?
- How long have you been working in child care?
- How long have you been working with children with special needs?
- How many children with identified disabilities are in your classroom?
- What are their identified disabilities?
- What kind of services do they receive?
- Have you seen their Individualized Education Plan (IEP)?
- Do you know what goals these children need to achieve according to their IEP?

Interview Questions

Open-ended questions will be used to identify teachers' preparation to work with children with disabilities as well as types of support received to make inclusion successful. Guiding statements will be asked to examine training and support needs and probes will be used to extend the conversation in order to discover if teachers had received information about children with disabilities in their care by asking the following questions:

1. Tell me about the children with disabilities in your classroom.
2. Tell me how you include children with disabilities in your classroom. (Probes: How did you learn these strategies? Which strategies are more successful? Why?).
3. Tell me how you were prepared to work with children with disabilities in your classroom. (Probes: What kinds of information did you receive from your director? From parents? From therapists serving the children? Are there other places you received information? Websites, books or workshops?).

4. Tell me about the types of training you feel would be necessary to successfully include children with disabilities in your classroom. (Probes: Have you had training from therapists serving the children in your care? Are workshops or classes available that provide information about the children in your care? Anything else? Online learning?, College courses? Are there incentives to help you access training such a monetary incentives? Are you aware of any incentives? Do you access them? Why or why not?).
5. Tell me about the type of support that you have received in order to make inclusion successful in your classroom. (Probes: Have you received information from parents that help you work with the children with disabilities in your care? How does your director or other teachers help you better understand how to work with children with disabilities in your classroom? How would you define support? Training? Personnel? Information? Materials? Resources?)
6. Tell me how placements for a child with disabilities in your classroom would be more successful. (Probes: Do you need additional support from your director, parents or others involved with the children? Would more materials be helpful? Would additional training and education help you provide better care?).

Individual interviews will last from one to one and one-half hours and will be audiotaped and transcribed. Participants will read each transcription to check for accuracy. Member checking will be used to determine whether the participants feel that

Appendix B

Director Interview Questions

Open-ended questions will be used to identify directors' support and assistance provided to teachers as well as types of support they receive in order to make inclusion successful. Probes will be used to extend the conversation.

1. When children are enrolled in your center, who informs you about the child's special needs and services they receive. (Probes: Have you had contact with therapists that help you work with the teachers in your center? What kind of information do you receive from parents that help make inclusion successful? What about Early Intervention or the school system? How is information conveyed to the teacher?)
2. Tell me about support teachers receive in order to make inclusion successful in your center. (Probes: Have teachers been encouraged to attend workshops to help them understand specific disabilities? Have teachers been provided time and encouragement to return to college? Any incentives provided? Release time? Monetary incentives?)
3. Tell me how placements for a child with disabilities in your center would be more successful. (Probes: What is your experience in working with children with disabilities? Has anyone helped you better understand how to work with children with disabilities to help make inclusion successful? Do you use resources such as consultative services? Online training, college courses, workshops?)
4. Tell me how your child care center is affected by being located in a rural area? (Probes: Do you feel isolated? Do you feel services for the children are accessible?)

Appendix C

Follow-up Interview Questions

Peggy

1. You mention that you and the therapist talk about goals and progress. How long do these conversations last?
2. You seem to have a lot of knowledge about child development and speech development. How did you acquire this knowledge?
3. Tell me more about your experiences working with this child with special needs.
4. How has your education and experience helped you?
5. How has your director helped make inclusion more successful?

Lashea

1. You had several children with disabilities in your classroom. You communicated using Spanish, praise and guiding individually. Where did you learn these skills?
2. How much contact do you have with therapists that serve the children?
3. An extra adult came in to help and you immediately took that time to help one of the children get focused on play and involved with other children. Do you get that help often?

Yazmin

1. Does the child in your class have a one on one aide?
2. You allow the repetitive behavior, get on the child's level and repeat his verbalizations. How did you learn to do this?
3. Are you concerned that he fits in?

4. How do you help him enter play with others?
5. You obviously enjoy working with this child. Tell me your goals for him.

Tiffany

1. You have a very kind manner about you and speak clearly to the children. How did you learn this?
2. Alex plays well with other children and uses better language when they are older. Tell me about this.
3. Who arranges your room and do you feel like the materials are adequate to encourage play?
4. When you have group times do all the children participate?
5. I did not see the hyperactive behaviors you described. Tell me more about those.

Sheila

1. You helped a very active child get focused on manipulative play and helped support his play with others. Where did you learn how to do this?
2. Noise and activity level is high in your room. You allow the children freedom to talk and choose materials for play. Tell me about this.
3. Are there other supports that would make inclusion even more successful?

When asked about her strategies in working with children, Sheila attributes this to her experience. "I guess experience. Just you know, knowing, doing and being in child care for so long. I think having children of my own help with that too."

Appendix D

Parent Notification of Classroom Observations



School of Education

Department of Specialized Education Services

Parent Notification of Classroom Observations

Project Title: Successful Inclusive Child Care: Teacher's Needs and Supports

Project Director: Nancy McCurry

The lead teachers in your child's preschool classroom will be participating in a research study. The purpose of the study is to examine the training and support needs of teachers to make inclusion successful. I am notifying you that I will be observing in your child's classroom.

Teachers will engage in two, audiotaped interviews. The first will be during a semi-structured interview; the second will occur after classroom observations in order to find relationships between classroom behaviors and data from interviews. Classroom observations will take approximately two-hours per teacher. Additional observations will be conducted if necessary.

All information is confidential; children will not be identified in any way in summary of reports. Names of teachers, children, centers and directors will be changed so they will remain anonymous.

If you have any concerns or questions regarding the research please feel free to call Nancy McCurry at (336) 633-0258.

Initial Observation Date: _____

(If additional observations are necessary you will be notified of that date as well)

Classroom Observed: _____

Appendix E

Teacher Consent Long Form



School of Education
Department of Specialized Education Services

CONSENT TO ACT AS A HUMAN PARTICIPANT: LONG FORM - Teachers

Project Title: Successful Inclusive Child Care: Teacher's Needs and Supports

Project Director: Nancy McCurry

Participants Name: _____

DESCRIPTION AND EXPLANATION OF PROCEDURES: The purpose of the study is to examine the training and support needs of teachers to make inclusion successful. All participants will engage in two, audiotaped interviews. The first will be during a semi-structured interview; the second will occur after classroom observations in order to find relationships between classroom behaviors and data from interviews. The interview process will take approximately one hour per interview. Classroom observations will take approximately two-hours per teacher. Additional observations will be conducted if necessary.

RISKS AND DISCOMFORTS: Participation in this study should pose no threat to those agreeing to participate. The risk for participants is minimal since face-to-face interviews and classroom observations are involved. Even though all information is confidential, participants are not anonymous; however, they will not be identified in any way in summary of reports. The time involved in the initial and follow-up interviews should be the only inconvenience related to the study.

POTENTIAL BENEFITS: This study will examine the technical training and support needs of preschool teachers in rural, licensed, for-profit, inclusive settings. The intended benefits to participants include a more informed child care staff, better-prepared teachers. Benefits to society include possible higher quality inclusion for child care centers in rural areas and help in identifying critical needs for teachers in rural areas. Study results will be shared with participating directors and teachers when complete.

CONSENT: By signing this consent form, you agree that you understand the procedures and any risks and benefits involved in this research. You are free to refuse to participate or to withdraw your consent to participate in this research at any time during the data collection period without penalty or prejudice; your participation is entirely voluntary.

CONFIDENTIALITY: Your privacy will be protected because you will not be identified by name as a participant in this project. Data will be kept in a locked file cabinet in my office for 3 years after the study is complete and will be destroyed after that time. All written documentation will be shredded, audiotapes demagnetized, tape pulled from housing and incinerated. Metal drives will be broken in two and flash drives will be crushed.

The research and this consent form have been approved by the University of North Carolina at Greensboro Institutional Review Board, which insures that research involving people

follows federal regulations. Questions regarding your rights as a participant in this project will be answered by calling Mr. Eric Allen at (336) 256-1482. Questions regarding the research itself will be answered by Nancy McCurry by calling (336) 633-0258. Any new information that develops during the project will be provided to you if the information might affect your willingness to continue participation in the project.

By signing this form, you are agreeing to participate in the project described by Nancy McCurry.

Participant's Signature _____ Date: _____

Appendix F

Director Consent Long Form



School of Education
Department of Specialized Education Services

CONSENT TO ACT AS A HUMAN PARTICIPANT: LONG FORM - Directors

Project Title: Successful Inclusive Child Care: Teacher's Needs and Supports
Project Director: Nancy McCurry

Participants Name: _____

DESCRIPTION AND EXPLANATION OF PROCEDURES: The purpose of the study is to examine the training and support needs of teachers to make inclusion successful. All participants will engage in one, semi-structured, audio taped interview. The interview process will take approximately one hour per interview. Classroom observations will be conducted in the center with preschool lead teachers and take approximately one to two-hours per teacher. Additional observations will be conducted if necessary.

RISKS AND DISCOMFORTS: Participation in this study should pose no threat to those agreeing to participate. The risk for participants is minimal since face-to-face interviews and classroom observations are involved. Even though all information is confidential, participants are not anonymous; however, they will not be identified in any way in summary of reports. The time involved in the initial and follow-up interviews should be the only inconvenience related to the study.

POTENTIAL BENEFITS: This study will examine the technical training and support needs of preschool teachers in rural, licensed, for-profit, inclusive settings. The intended benefits to participants include a more informed child care staff, better-prepared teachers. Benefits to society include possible higher quality inclusion for child care centers in rural areas and help in identifying critical needs for teachers in rural areas. Study results will be shared with participating directors and teachers when complete.

CONSENT: By signing this consent form, you agree that you understand the procedures and any risks and benefits involved in this research. You are free to refuse to participate or to withdraw your consent to participate in this research at any time during the data collection period without penalty or prejudice; your participation is entirely voluntary.

CONFIDENTIALITY: Your privacy will be protected because you will not be identified by name as a participant in this project. Data will be kept in a locked file cabinet in my office for 3 years after the study is complete and will be destroyed after that time. All written documentation will be shredded, audiotapes demagnetized, tape pulled from housing and incinerated. Metal drives will be broken in two and flash drives will be crushed.

The research and this consent form have been approved by the University of North Carolina at Greensboro Institutional Review Board, which insures that research involving people follows federal regulations. Questions regarding your rights as a participant in this project will be

answered by calling Mr. Eric Allen at (336) 256-1482. Questions regarding the research itself will be answered by Nancy McCurry by calling (336) 633-0258. Any new information that develops during the project will be provided to you if the information might affect your willingness to continue participation in the project.

By signing this form, you are agreeing to participate in the project described by Nancy McCurry.

Participant's Signature _____ Date: _____

Appendix G

Confidentiality Agreement Second Reader



School of Education
Department of Specialized Education Services

I _____ have agreed to assist Nancy McCurry with the research project entitled “Successful Inclusive Child Care: Teachers’ Needs and Supports” IRB # 067135.

I agree not to discuss or disclose any of the content or personal information contained within the data, tapes, transcription or other research records with anyone other than the Principal Investigator, Nancy McCurry, or in the context of the research team. I agree to maintain confidentiality at all times and to abide by the UNCG Policy and Procedure for Ethics in Research and the UNCG Policy on the Protection of Human Subjects in Research.

Signature of Second Independent Reader

Date: _____

Appendix H

Confidentiality Agreement Faculty Sponsor



School of Education
Department of Specialized Education Services

I Judy Niemeyer am faculty sponsor of Nancy McCurry for the research project entitled “Successful Inclusive Child Care: Teachers’ Needs and Supports” IRB # 067135.

I agree not to discuss or disclose any of the content or personal information contained within the data, tapes, transcription or other research records with anyone other than the Principal Investigator, Nancy McCurry, or in the context of the research team. I agree to maintain confidentiality at all times and to abide by the UNCG Policy and Procedure for Ethics in Research and the UNCG Policy on the Protection of Human Subjects in Research.

Signature of Faculty Advisor

Date: _____

Principal Investigator

Date: _____

Appendix I

Confidentiality Agreement Researcher



School of Education
Department of Specialized Education Services

I Nancy McCurry am the lead researcher for the research project entitled “Successful Inclusive Child Care: Teachers’ Needs and Supports” IRB # 067135.

I agree not to discuss or disclose any of the content or personal information contained within the data, tapes, transcription or other research records with anyone other than the context of the research team. I agree to maintain confidentiality at all times and to abide by the UNCG Policy and Procedure for Ethics in Research and the UNCG Policy on the Protection of Human Subjects in Research.

Lead Researcher

Date: _____

Appendix J**Initial Director Consent Form**

To Whom It May Concern:

Project Title: Successful Inclusive Child Care: Teacher's Needs and Supports

Project Director: Nancy McCurry

Nancy McCurry has explained the research she will be conducting in our child care center. She has made it clear that interviews and classroom observations will take place and the purpose of the study is to examine the training and support needs of teachers to make inclusion successful. She has also explained that we are free to refuse to participate or to withdraw consent to participate in this research at any time during the data collection period without penalty or prejudice and our participation is entirely voluntary.

I give Nancy McCurry permission to conduct her research study at my child care center.

Child Care Center Director

Date: _____